DIVISION OF VITAL RECORDS, P.O. BOX 68760,	BALTIMORE, MARYLAND 21215-0020
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-14 as after death. Page 6 may be retained by the hospital or attending physician.	is after death. Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fille	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-traneit permit. Pages 1, 2, 3 should
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	or removal.
IMPORTANT: it item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	REGISTRAR CERTIFICATE OF DEATH	REG. NO.									
		ATE OF DEATH WITH DAY 9	3. TIME OF DEATH 12:25A M								
		lonth, Day, Year)	INTHPLACE (State or Foreign Journty) EORGIA								
TOR	90. FACILITY NAME (If got Institution, give street and number) HARFORD Memorial Hosp; tal Harford HARFORD HARFORD HAR										
DIRECTOR	100. STATE 106. COUNTY 10c. CITY, TOWN OR LOCATION HAFFORD COL	enty	10d, INSIDE CITY LIMITS? 1 YES 2 NO								
IERAL	106. STREET AND NUMBER 1106 JOPPH FARM NA 107. STREET AND NUMBER 109. CITIZEN OF WHAT OF STREET AND NUMBER 109. CITIZEN OF STREET AND NUMBER 109. C										
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 VES NO If yes, specify Cuben, Mexican, Puer II YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORI If yes, specify Cuben, Mexican, Puer II YES 2 Do. Specify:		RACE — American Indian, Black, White, etc. Specify:								
COMPLETED	(Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.)	16b. KIND OF BUSINESS/INDUST	RY								
APL	LAbor-Beth-Steel										
BE CON		st, Middle, Maiden Surrame)									
TO B	190. INFORMANT'S NAME (Type/Print) Lillie Humber 1906 MAILING ADDRESS (Street and Number or Aural Acute N 1106 DOPPA FARE										
	Lillie Humber 1106 Jopph FARM 20a. METHOD OF DISPOSITION 1 Competing 2 Cremetton 3 Removal from State 4 Donation 5 Other (Specify) Community Chapt. Yd Community Commun	DAYE 20c. LOCATION CHY	or Town, State								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY	1////	9								
	PETTS FUNERAL Home 149 N. CAN	line st									
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as a shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	cardlec or reapiratory arreat,	Approximata Interval Between Onset and Death								
NOIL	Sequentially list conditions, if any, leading to immediate b. Due TO (OR AS A CONSTQUENCE OF):										
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
岁	d										
CAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part	I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE								
MEDI			OF DEATH?								
AN	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check on	th one)									
[[[EXAMINER? OTHER:										
PHYSICIAN:	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF Sec. INJURY AT WORK? M 1 YES 2 NO	DESCRIBE HOW INJURY OCCUR	ED								
TED BY	2 Accident Investigation 3 Suicide 8 Could not be determined 286. PLACE OF INJURY — At home, farm, street, factory, office 28f.	LOCATION (Street and Number or I City or Town, State)	Bural Route Number,								
COMPLETE	29e. CERTIFIER (Check only one) CHARL EXAMINES: On the best of my impriedge, death occurred at the time, date and place, and due to the one)		eyse(a) and manner as stated.								
BE	39b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER	29d. MATE S	ENED (Mond) Day Mar)								
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (7/5/14, PHID)	MOZIO	14								
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 1111 3 1991 Julia Davidson-Romball		/								

DHIM 16 Day 1/00

after death. Page 6 may be retained by the hos	by the funeral director, page 5 should be detach emoval.	dical examiner must be notified at once.
at the death certificate the executed within 2- nours	by the attending physician and completely filled in and Mental Hyders prior to burial, cremation, or re	y injury, or other traumatic event, the med
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that	THE FUNETAL DIRECTOR After this certifical has been exped it fied within 72 hours after death with the State Day, of Health at	MPDRIANT. If them 28 is marked, or term to shows any injury, or other traumatic event, the medical examiner must be notified at once.
	O THE HOSPITUL OR ATTENDING PHYSICIAN: The immendance must be death centificant by executed within 2-vious after death. Page 6 may be retained by the hosy	O THE HOSPITAL OR ATTENDING PHYSICIAN. The Law majorins that the death certificans he executed within Law nouns after death. Page 6 may be retained by the hosp O THE TAKENAL DIRECTOR And this certifical has been expected by the annualize physician and competely filled in by the funeral director, page 5 should be detached within 72 hours after death with the faceth

	FOR 1 - STATE REGISTRAR	STATE OF MA					EALTH /		MENTAL	HYGIEN REG. NO.	_	91		8002
1	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	F DEATH		-	3. T	IME OF OEATH
)	MARGARET N. HOLTZ	7	MAR	GARE'	L NI	LY H	OLTZ					91	1 -	7.58A M
,			. AGE (in yrs. last	birthday)	IF UNDER		IF UNDER 2	-	7. DATE OF	F BIRTH	3 -	6. BIRT	HPLAC	E (State or Foreign
	216-05-0087	1 M 2 XF	73	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	40	Coun M.A.A.		AND
											INTY OF		AND	
E CH	GREATER BALTIMORE MEDICAL CENTER TOWSON BALTIMOR													
DIRECTOR	10e. STATE 10b. COUNTY HD.	_	TOWN OR LOCATION COWSON								INSIDE CITY LIMITS? YES 2 X NO			
اب	10e. STREET AND NUMBER					ZIP CODE				10g. CIT	IZEN OF		COUNTRY?	
FUNERAL	9 AIRWAY CIR #3A			21204							SA			
		12. WAS DECEDENT	EVER IN U.S. AR	MED	13.	WAS DEC				(Specify Yes	or No-			merican Indian.
	1 Never Merried 2 Merried 3XXWidowed 4 Divorced	FORCES? 1	YES XXN	10		13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify if yes, specify Cuber, Mexicen, Puerto Rican, etc.) 1 YES X ANO Specify:							nite	
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 Secretary Credit Bureau of the Mother's NAME (First, Middle, Last) 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Secretary 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. FATHER'S NAME (First, Middle, Last)									_					
Secretary Credit Bureau of									of	Baltimore				
17. FATHER'S NAME (First, Middle, Lest) 18. MOTHER'S NAME (First, Middle, Melden Surna														
	Philip W. Nily Sophia Winters 196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street end Number or Bural Route Number, City or Town, State, Zip Co													
100									ip Code)					
Ross E. Holtz Jr 1833 Bolton St. Baltimore, Maryland 212 200. Maryland 200. PLACE AND GATE OF DISPOSITION (Name DATE 200. LOCATION — City of Town								217						
	1X Buriel 2 Cremation 3 Remove 4 Donation 1 Other (Specify)	nl from State	Dular	cremator	v or other	place)			7-2					aryland
	21. SIGNATURE OF HAME A SERVICE LICENTAL PROPERTY OF THE PROPE	Rus		,,	22.	NAME A	ork		Mitcl	nell-	Wied	efel	d H	
	23. PART I. Enter the diseases, or con	mplications that	caused the de	ath. Do									ا	Approximata
	shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final Onset and Death													
	disease or condition resulting in desth) CARDIOPULMONARY ARREST DUE TO (OR AS A CONSEQUENCE OF):										į	Onset sild Death		
												7		
	Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF):										-	3 mas		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Please or India) SUDA - CITIAR! SYNDROME 3										3000			
	CAUSE (Disesse or Injury C.						3 Y N	TIC	OME			3mos		20103
	that initiated events resulting in death) LAST d.													
- 1	PART II. Other significant conditions	contributing to d	laath but not r	esulting	In the u	ndariyin	g cause gi	iven in	Part I.	24a. WAS AN		24	b. WER	E AUTOPSY FINDINGS
of religionship medical	POLYCYTHE	mia V	ERA							PERFO			CON	ILABLE PRIOR TO IPLETION DF CAUSE
		7.1.77	- 5//						- 1	1 TYES 2	Z NO			DEATH?
								-	- 1				1	YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL					26 04	ACE OF DE	ATU MA		1				
	EXAMINER?	HOSPITAL:			OTHE	R:	ACE OF DE							
1	1 VES 2 NO	1 Inpatient 2 I				_	e 5 🗆 Res	eldence						
3	1 Natural 8 Pending	28e. DATE OF II (Month, Day		28b. TIA	JURY M		PRK?		26d. DESC	RIBE HOW	INJURY O	CCURED		
5	2 Accident Investigation	200 BLACE OF	MI HIMM ALL				YES 2	NO						
	3 Suicide 8 Could not be datermined	building, et	INJURY — Al ho tc. (Specify)	me, tarm,	street, rac	логу, отно	•			TION (Street Town, State,		er or Hura	/ Houte	Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICI.												e(e) and	f manner as stated.
5	29b. SIGNATURE AND TITLE OF CERTIFIER						29c. LICE				29d, DA	TE SIGNE	D (Mor	nth, Day, Year)
11	Harota	Luc	heer				0	183	120			6/	30	191
9 Harold Luchion M.A. D18220 > 6										7				

HAROLD 11
31. DATE FILED (Month, Day, Year)

JUL 0 3 1991

32. REGISTRAR'S SIGNATURE

notified at

23 hows any injury, or other traumatic event, the medical examiner must be BY PHYSICIAN: MEDICAL IMPORTANT: If Item 28 is marked, or TO THE HOSPITAL OR ATTENDING PHYSIS TO THE FUNERAL DIRECTOR After the be filed within 72 hours after death with COMPLETED

											9	1	1800	03		
	1 - FOR STATE REGISTRAR	STATE OF N	/ARYLAND /		RTMEN					YGIENI EG. NO.	E					
	1. DECEDENT'S NAME (First, Middle, Lest)	BERNICE HOELTZEL 2. DATE OF MONTH JULY								2,1	991	YEAR	3. TIME OF 11:45			
	4. SOCIAL SECURITY NUMBER 218-26-7955	5. SEX 1 M 2 F	6. AGE (In yrs. les	E (In yrs. last birthday) IF UNDER 1 YEAR IF UND YRS. MONTHS DAYB HOURE					June 4, 1930			8. BIRTHPLACE (State or Foreign Country) Maryland				
TOR	99. FACILITY NAME (If not institution, give street and number) 2802 White Ave. Baltimore								EATH		9c. COU	INTY OF	DEATH			
DIRECTOR	Maryland 10b. count	100 011, 10011 011						or Location timore City					10d. INSIDE LIMITS 1 X YES	7		
FUNERAL	2802 White Ave.	2802 White Ave.							21214					USA		
BE COMPLETED BY FU	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	Never Married 2 Merried FORCES? 1 YES 2 NO II							yes, specify Cuban, Mexican, Puerto Rican, etc.) Black YES 2 X XNO Specify: Specify:					CE — Amarican Indien, ack, White, etc. ec/ly: White		
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12 Years															
	17. FATHER'S NAME (First, Middle, Last) Albert S. Segaloff Sarah K.							2								
5	Willard G. Hoeltzel 2802 Wh						SS (Street and Number or Rural Route Number, City or Town, State, Zip Code) White Ave. Baltimore, Md. 21214									
	20e. METHOD OF DISPOSITION 1		HT-oth C	prospection (Name DATE 200c. LOCATION					re, Md.							
	21. SIGNATURE OF THERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MITCHELL—Wiedefeld Home, Inc. 6500 York Rd. Baltimore, Mc								nc. Md.	21212						
	23. PART1. Enter the diseece, or shock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	at coused the deuse on each line	eeth. Do	not ente	or the mo	ode of dy	ing, auc	h se cerdied	or reapi	iratory a	rrest,	Inter	oximate ral Between t and Deati		
NOI	Sequentially list conditions,	b	(OR AS A CONSE	M	OF): OF):	م	ta	tic	to	w	ve_		6	mont		
CERTIFICATION	if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	(OR AS A CONSE	QUENCE (OF):											
O													1			

PART II. Other algorificent conditions contributing to death but not resulting in the underlying ceuse given in Part I.

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO PERFOR COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO

> 2 9

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2

28s. DATE OF INJURY (Month, Day, Year)

nce 8 - Other (Specify) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 YES 2 NO

1 Natural 2 Accident 8 Pending Investige 3 Suicide 8 Could not be determined 4 Homicide

27. MANNER OF DEATH

20e. PLACE OF INJURY --- At home, farm, etreet, factory, offica building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State)

> 43 L

29e, CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occurred at the time, date and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basic of exa

28b. TIME OF INJURY

29b. SIGNATURE AND TIPE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

LETED CAUSE OF DEATH ATEM 27) (Type, Print)

23 Crossroads Dr. Michael J. Schult M.D. Owings Mills, Md.

31. DATE FILED (Month, Day, Year) 03 1991

32. REGISTRAR'S SIGNATURE Davidson Randell

DHMH-16 Rev 1/89

BE

ours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

F VI ALMECARDS, P.O. BOX 88760, BALLIMONE, MARTLAND 21213-0020	D THE HOSPITAL DR ATTENDING PHYSICIAN. The first market is the death certificate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate as been been been been been attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Same been a first and the same been been after the same been been a should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the Same been been should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be detached for use as the burlal-transit permit.	raumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECURDS, P.O.	TO THE HOSPITAL DR ATTENDING PHYSICIAN The law nethers that the death certifical	TO THE FUNERAL DIRECTOR: After this certificate to be received by the attending physician and completely filled in by the for the within 72 hours after death with the Secretary or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - FOR STATE OF MAR		TMENT OF H		MENTAL HYGIENE REG. NO.					
	1. DECEDENT'S NAME (Flyst, Middle, Last) MARY HOFSTETTER		12		2. DATE OF DEATH DAY	9 YEAR	3. TIME OF DEATH			
	215-09-9010 1 D M 2 X F 7	GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS		(Year) Country)					
ECION	9a. FACILITY NAME (If not institution, give street and number) SINAI HOSPITAL RESIDENCE OF DECEDENT		АТН	9c. COUNTY OF	DEATH					
DIMEC	10a. STATE 10b. COUNTY MARYLAND	10c. CIT	Y, TOWN OR LOCAT	LTIMORE		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
EHAL	100. STREET AND NUMBER 3649 KEYSTONE AVENUE		101	ZIP CODE 212	11		WHAT COUNTRY?			
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EV FORCES? 1 FYES, GIVE WAR (YES 2 NO	If yea, ap		IIC ORIGIN? (Specify Year n, Puerto Rican, etc.)	as or No— 14. RACE — American Indian, Black, White, atc. Specify: WHITE				
PLEIED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) Online (1-4 or 5+)	(Give kind of all life, Do NOT us	USUAL OCCUPATION Work done during mose retired.)	ON st of working	18b. KIND OF BUSINESS/INDUSTRY UNIVERSITY HOSPITAL					
BE COMPL	17. FATHER'S NAME (First, Middle, Last) FRANK MILLER	1 10	BITKED	16. MOTHER'S NAME (First, Middle, Melden Surneme) LOLA MILLER Company Alexander Survey (See Survey						
0	19a. INFORMANT'S NAME (Type/Print) BETTY PATTERSON	TTERSON 405 ROSS DRIVE, SYKESVILLE, MARYLAND								
	20a. METHOD OF DISPOSITION 1X Burlal 2 Cremetion 3 Ramoval from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	of cemetary, crematory LAKEVIEW	MEMORIAL 22. NAME A	PARK 7	/5/91 SYK	*	, MARYLAND			
	· A Blan Seits	gi	3818	ROLAND	Z, JR. FUNE AVENUE, BAL	TO., MD	. 21211			
HILLALION	23. PART I. Enter the diseases, or complications thet/ceused the death. Do not enter the mode of dying, such as cerdiec or reepiratory errest, ahock, or heert feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	AS A CONSEQUENCE O	PF):	-						
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. PULMONARY FIBROSIS PULMONARY HYPERIEUSIO: 1 yes 2 No 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 1 YES 2 NO 1 YES 2									
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 100 HOSPITAL: 1 Inpetient 2 ER	/Outpatient 3 🗆 DOA	OTHER:	LACE OF OEATH (Ch	8 Other (Specify)					
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending (Month, Dey,) 2 Accident Investigation	URY 286. TII	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW IN	JURY OCCURED				
	4 Homicide determined building, etc.	JURY — At home, farm, (Specify)	street, tactory, offic	**	28t. LOCATION (Street & City or Town, State)	nd Number of Rura	l Route Number,			
COMPLE	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beels of examiner.						(a) and manner as stated.			
TO BE	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	SURG. R		29c. LICENSE NU	MBER	▶ 6 - 3	(Month, Day, Year)			
	SINAL HOSATAL, DEP	TOFSU	RCERY	BAR	mole,	MD,				

Constitution & State

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2	ALC D	0020
Se as	attending	215-
	spital or	D 21
Detach	the hos	LAN
TO THE FUNERAL DIRECTORS when this centineare has been signed by the artending physician and compressly line, in by the principle of the property of the principle of the princi	he law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending promoting the has been sinced by the defaulted for use as the	BALTIMORE, MARYLAND 21215-0020
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or to bu	be exec	9 X C
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and Mer	at the d	RDS
Signed Health	uires the	00
ept. of	law requ	LRE
State De	N: The I	ITA
ith the	INSICIA!	JF V
TO THE FUNERAL DIRECTOR: After this certificate be filed within 72 hours after death with the State	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Tay Tay Continued in the Continued of the Conti	NC
after d	ATTEND	DIVISION OF VIT
AL DIRE	AL OR	
FUNER WITHIN	HOSPIT	
TO THE	THE OT	
/	, ,	
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_	REGISTRAR		CERTIF	ICATE	UF	DEATH	REG.	NO.				
	MONTH								DATE OF DEATH DAY JULY, 1 1991 3. TIME OF DEATH 12:21A			
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest birthday)	IF UNDER 1	WEAR.	IF UNDER 24 HRS.						
	212-30-9405	1 🗆 M 2 💢 F	73 YRS.	MONTHS	MONTHS DAYS HOURS MIN.					Estonia		
	9a. FACILITY NAME (If not institution, give a	treet and number)	17.5	9b. CITY, TOWN OR LOCATION OF DE			EATH		UNTY OF D			
5	THE JOHNS HOPKIN	S HOSPITA	AL	BALT	CIMC	RE City	KXXXX			KXKXXXX		
SE	10a. STATE 10b. COUNT	,	10c. Cl	TY, TOWN OR	LOCAT	ION				10d. INSIDE CITY		
FUNERAL DIRECTOR		Arundel		Pasade	ena	7				LIMITS? 1 YES 2 X NO		
¥	10e. STREET AND NUMBER			101.	ZIP CODE	10g. CITIZEN OF						
삘	303 Cambridge Rd	V	EVER IN U.S. ARMED			21122	U.S					
2	11. MARITAL STATUS 1 Never Married 2 Married				n, Puarto Rican, etc.) Bis			— American Indian, c, Whita, etc.				
BY	3 X Widowed 4 Divorced			2 NO Specifi			Spec	" White				
0	15. DECEDENT'S EDU (Specify only highest grade	S USUAL OCCUPATION work done during most of working use retired.)			16b. KIND OF BUSINESS/INDUSTRY							
ᄪ	Elementary/Secondary (0-12)	College (1-4 or 5+))				D. i. a. b. Common of					
린	5 + Soci				rker		Private Company			iny		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		6 11:				ME (First, Middle, M					
BE	Unknown Sellis				Hilda							
2	19a, INFORMANT'S NAME (Type/Print) Johan Erik Iise	a ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip aS #10					(Ip Code)					
	20a METHOD OF DISPOSITION 1 N Burial 2 Cremation 3 Rem		20b. PLACE AND OAT	TE OF OISPO	SITION	(Name	OATE 20	c. LOCATION -	- City or To	wn. Stata		
	1 N Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	of cemetary, cremator	y or other pla		7/3/91		Baltim				
	21. SIGNATURE OF FUNERAL SERVICE LI	Paul			AME AN	ID ADDRESS OF FA	CILITY Ral	timore	MD	2121/		
	+ foul & b	butwel	L. MI CSCCK, OI		ona	rd J. Ru						
	23. PART I. Enter the diseases, or	complications that	caused the death. Do	not enter t	he mo	de of dying, suc	h as cardiac or	reapiratory a	rrest,	Approximate		
	ahock, or haert fallure.	List only one caus	se on aach line.							Interval Between Onset and Dasth		
	IMMEDIATE CAUSE (Final disease or condition								71			
	resulting in death) a. SEPSIS T AMM: DUE TO (OR AS A CONSEQUENCE OF):									1 chans		
_	Nephric (Left) Abscess 6 week									6 weeks		
0	Sequentially list conditions, If any, leading to immediate											
CERTIFICATION	csuse. Enter UNDERLYING											
Ē	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):											
	resulting in dasth) LAST											
5	PART II Other significant condition	ns contributing to	death but not regulting	lo the und	ledvin	n cause alven in	Port I 24a W	BO AN AUTODO	v 24	WEDE AUTODOV ENIDAGE		
EDICAL	Waldenstrom		n alobulinem		n the underlying cause given in Pa			PERFORMED?		24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE		
<u></u>	VON (EPH 3) VVIII	3 11146	To dloparinely	100			۱۵۱ —	ES 2 NO		OF DEATH?		
≥										1 TES 2 NO		
ÿ.										/A		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER		ACE OF OEATH (C)	neck only one)					
YS	1 TES 2 THO		ER/Outpatient 3 DOA	4 🗆 Nursi	ing Hom	e 5 🗆 Residence						
표	27. MANNER OF DEATH 1 Netural 5 Pending	28a, DATE OF (Month, De		ME OF	WC	URY AT	28d. DESCRIBE	HOW INJURY O	CCURED			
BY	2 Accident Investigation			М		YES 2 NO						
ED	3 Suicide 8 Could not be 4 Homicide detarmined	28a. PLACE Of building,	F INJURY — At home, farm etc. (Specify)	, street, facto	ry, offic	•	28f, LOCATION (City or Town,		per or Rural	Route Number,		
Ë I	4 Nonincide detarmined											
COMPLET		ICIAN: To the best of	my knowledge, death occu	rred at the tir	ne, data	and place, and du	to the cause(a) ar	nd manner as s	tated.			
8	one) 2 MEDICAL EXAMIN	ER: On the basis of a	camination and/or investigat	tion, in my op	olnion, d	leath occured at the	time, data and pla	ice, and due to	the cause(a) and manner as stated.		
ш	29b. SIGNATURE AND TITLE OF CERTIFIE			_		29c. LICENSE NU		29d. D.	ATE SIGNE	(Month, Day, Year)		
00	rau 8	00-0-0	mo			PEN	DING	•	7/1	191		
٥	30. NAME AND ADDRESS OF PERSON W	MUELL	SE OF OEATH (ITEM 27) (Ty)	oe, Print) "	John	s Hoplan	s Hospita	l Bu	this	91 e, no 21205		
	31. DATE FILED (Month; Day, Year)	32. REGISTRA	D'S SIGNATURE		- '			, ,,,,		1		
	JIII 3 199	1 Sulia De	widson-Mandall	6								
		THE RESERVE AND ADDRESS OF THE PERSON NAMED AND ADDRESS OF THE	and designation of the									

To be retained by the hospital or attending physician. It is a should director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 nouns and the first directing page 5 should be detached filled in the first directing page 5 should be detached filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or minute the most be notified at once. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

MORE, MARYLAND 21215-0020

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	, O.	DEATH	REG. NO.						
	1. OECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF OEATH		3. TIME OF OEATH				
	JOHNNY	LEE	J	CONTRO		WONTH 21	y YEAR	3:27 P M				
		s. SEX 8. AGE (UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign				
- {	219-40-35031	☐ M 2 ☐ F	YRS.	NTHS DAYS	HOURS MIN.	(World), Day, Youry	, J.	,				
	9a. FACILITY NAME (If not institution, give street	t and number)	91	. CITY, TOWN O	R LOCATION OF O	ATH	9c. COUNTY OF	DEATH				
TOR	UNION MEMORIAL HO	SPITAL		BALTIM	RE CIT							
DIRECTOR	10s. STATE 10b. COUNTY		10c. CITY, T	OWN OR LOCAT	DN A			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
FUNERAL		nvale.	Apt 81	2	215	13	V	SM				
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe		tiC ORIGIN? (Specify Yea n, Puerto Rican, etc.) //		CE — American Indian, ck, White, etc.				
	15, DECEDENT'S EDUCAT	TION	16a. DECEDENT'S US	IAL OCCUPATIO	M	16b. KIND OF BUS	INECS/INDICTOY	17 haven				
COMPLETED	(Speally only highest grade co		(Give kind of work	done during mo-	et of working	no. Kind or Bus	MESS/MOUS (AT					
ME	17. FATHER'S NAME (First, Middle (Last)		CV1	1740	40 MOTURNIO NA	ME (First, Middle, Maiden	Summer)					
	Chareburg	Sohns	m		Har	me (First, Middle, Maroon	Lane	4				
TO BE	194 INFORMANT'S NAME (Typo(Print)	P		ORESS (Street a	nd Number or Rural	Route Number, City or Town	n, State Zio Code)	eat				
-	20g. METHOD OF DISPOSITION	200	. PLACE AND DATE O	PESPOSITION	(Name /	DATE 20c. LO	CATION - Ally or	Town, Stage				
	1 2 Burlat 2 Cremation 3 Remove 4 Donation 5 Queer (Specify)		cemetary operations of	Pelace)	Har	+ 6	Alm	vile pol.				
	21. SIGNATURE OF FORERAL SERVICE LICEN	Del	0_	22. NAME AN	ADDRESS OF FA	1. I en	FILE	1 Rouge				
_	23. PART I. Entar the disesses, or con	molications that cause	the death Do not	enter the mo	de of dving eur	h se cerdisc or meni	retory errest	Approximate				
	shock, of heart failure. List IMMEDIATE CAUSE (Fine)	st only one ceuse on e	ech line.				,	Interval Between Onset and Death				
	disease or condition a. ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR AS A CONSEQUENCE OF):											
N	Sequentially flat conditions,											
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING											
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST											
ER	d.											
	PART II. Other algnificent conditions	contributing to death b	ut not resulting in	the underlying	ceuse given in	Part I. 24e. WAS AN	AUTOPSY 2	4b. WERE AUTOPSY FINDINGS				
CA						PERFOR	RMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE				
						1 X YES 2	. □ NO	OF DEATH?				
Σ						—		1 TES 2 NO				
AN	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one)											
2		HOSPITAL: VV		THER:								
	1 N YES 2 NO	28a. DATE OF INJURY	28b. TIME (8 Other (Specify)	N II IIIV OOOIIII OO					
₹	27 MANNED OF DEATH		INJUF	Y WC	RK?	28d. DESCHIBE HOW I	E HOW INJURY OCCUREO					
Y PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 Netural 5 Pending	(Month, Day, Year)		M 1 VES 2 NO At home, farm, street, factory, office								
BY		(Month, Day, Year)	/ — At home, farm, stre			26f. LOCATION (Street City or Town, State)	and Number or Rura	al Route Number,				
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be detarmined	(Month, Day, Year) 28e. PLACE OF INJURN building, etc. (Spe	offy)	et, factory, offic		City or Town, State)		tl Route Number,				
BY	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	(Month, Dey, Year) 28e. PLACE OF INJUM- building, etc. (Spe	city)	et, factory, office	and place, and du	City or Town, State) to the cause(a) and ma	nner as stated.					
COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only)	(Month, Dey, Year) 28e. PLACE OF INJUM- building, etc. (Spe	city)	et, factory, office	and place, and du	o to the cause(a) and main time, data and place, ar	nner as stated.					
BE COMPLETED BY	1 Netural 5 Pending Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	(Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Spe AN: To the best of my know On the besis of axamination	city)	et, factory, office	and place, and du eeth occured at the 29c. LICENSE NU	o to the cause(a) and man time, data and place, an	nner as stated. Indicate to the cause	e(a) and menner as stated. ED (Month, Day, Year)				
COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Check only one CERTIFIER CER	28e. PLACE OF INJUM building, etc. (Spe AN: To the best of my know On the besis of axamination COMPLETED CAUSE OF OR	riedge, death occurred in and/or investigation,	et, factory, office at the time, data in my opinion, o	and place, and du- leeth occured at the 29c. LICENSE NU O : C . M	o to the cause(a) and man time, data and place, an	nner as stated. and due to the cause. 29d. DATE SIGNI C6/2	e(a) and menner as stated. ED (Month, Day, Year)				
BE COMPLETED BY	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be detarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: 29b. SIGNATURE AND TITLE OF CERTIFIER Check only one CERTIFIER CER	28e. PLACE OF INJUM building, etc. (Spe AN: To the best of my know On the besis of axaminatio	riedge, death occurred in and/or investigation,	et, factory, office at the time, data in my opinion, contint)	and place, and du- leeth occured at the 29c. LICENSE NU O : C . M	o to the cause(a) and man time, data and place, an	nner as stated. and due to the cause. 29d. DATE SIGNI C6/2	e(a) and menner as stated. ED (Month, Day, Year)				

FOR STATE REGISTRAR

bermit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENEL E

	REGISTRAR		CERTIFICA	TE OF	DEATH	PENK ME	G.NO.		
1	1. DECEDENT'S NAME (First, Middle, Last)			- 1	21215	2 DATE OF DE	ATH CAY SE	YEAR 3. TIME	OF DEATH
	ARTHUR JE	SONTHUE		2-		0		199112	: 07 PM
	4. SOCIAL SECURITY NUMBER 2/2 - 36 - 9562	5. SEX 6. AGE (In	yrs. lest birthday) F 1	THS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIR (Month, De-		S. BIRTHPLACE (Country) 5	State or Foreign
H.	98. FACILITY NAME (If not institution, give s	1 1 1	9b.	BaH	R LOCATION OF DE			TY OF DEATH	
5	RESIDENCE OF DECEDENT							- Contract	Col Car
OIRE	10e. STATE 10b. COUNTY	h.		MORE	, city			LI	SIOE CITY NUTS? ES 2 \(\text{NO}\)
ERAL	3509 PINKNE	Y ROAD		107.	ZIP CODE 212	15	10g. CITI	U.S.A	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12, WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	HC ORIGIN? (Spe n, Puerto Ricen, y:	city Yes or No— etc.)	14. RACE — Ama Black, White, Specify: B L				
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8 t h	CATION completed) College (1-4 or 5+)	16a, DECEDENT'S USU (Give kind of work: life. Do NOT use ret CONSTRU	done during mos ired.)	N it of working	1Sb. KIND	OF BUSINESS/IND	USTRY	
ŏ	17. FATHER'S NAME (First, Middle, Last)	7 - III	7 4		18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
BEC	CLARENCE	JENNINGS			ALMA	R	ROGI	ERS	
10 8	190. INFORMANT'S NAME (Typo/Print) BARBARA	JENNINGS	3509	PINKN	EY RD.	Aoute Number, Cit BALTI	y or Town, State, Zip MORE, I	Code) MD. 21	215
	20e. METHOD OF DISPOSITION X [X] Burisl 2 ☐ Cremation 3 ☐ Rem 4 ☐ Donation 5 ☐ Other (Specify)	oval from State 20b.	PLACE AND DATE OF	OISPOSITION	(Name EMETER		CATONS!		
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME AN	D ADDRESS OF FA	CILITY	1101 E		
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING	DUE TO OR AS A O		rest					Priset and Death
RTIFIC	CAUSE (Disease or injury hat initiated events DUE TO (OR AS A CONSEQUENCE OF): d. d.								
MEDICAL	PART II. Other significent condition	na contributing to deeth bu	it not resulting in ti	ne underlying	; ceuse given in		WAS AN AUTOPSY PERFORMED? YES 2 (⊅K)NO	AMAILA COMPL OF DEA	AUTOPSY FINDINGS BLE PRIOR TO ETION OF CAUSE VTH? ES 2 \(\text{NO}\) NO
A	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	neck only one)			
SIC	EXAMINER?	HOSPITAL: 14 Inpatient 2 ER/Outpe		THER:	e 5 🗆 Residence		c/h/l		
PHYSICIAN:	27. MANNER OF DEATH	2Sa. DATE OF INJURY	28b. TIME O	28c, INJ	URY AT	7	E HOW INJURY OC	CURED	
	1 Natural 5 Pending	(Month, Day, Year)	INJURY		RK? (ES 2 NO				
ED BY	2 Accident Investigation 3 Suicide S Could not be determined S Homicide Investigation S Homicide S							or Rural Route Nu	mber,
COMPLETED	one)	SICIAN: To the best of my knowle							anner se stated
			and myodigation, is	tiny opinion, o					
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE A. POWNO M	· C.MI			29c. LICENSE NU	MBER		o 29	
	30. NAME AND ADDRESS OF PERSON WI								
	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Type, Pri	nt)					

BALTIMORE, MARYLAND 21215-0020 TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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lcian.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag		
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The law r	ate has be	tate Dept.	tem 23 s
HYSICIAN	his certific	with the S	ked, or i
ENDING P	DR: After t	ter death	8 is mar
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	AL DIRECT	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
E HOSPIT	E FUNERA	d within 7	RTANT:
TO TH	TT DT	be file	IMPO

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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BE

2. DATE OF DEATH MONTH 06 28 1. DECEDENT'S NAME (First Micidia Last) 3. TIME OF DEATH 1991 YEAR JACKSON ANN CAPTOLIA 28 7:15 P MI A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH B. BIRTHPLACE (State or Foreign DAYS HOURS 1 M 2 F YRS. 55 10-26-35 Maryland 96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE 9a, FACILITY NAME (If not institution, give street and number) 9c COUNTY OF DEATH UNIVERSITY HOSPITAL DIRECTOR na RESIDENCE OF DECEDENT 10e STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY YES 2 NO MD Baltimore na 10a, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2214 Callow 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Merried Specify: no IF YES, GIVE WAR OR DATES Specify: Black 1 YES 2 NO 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. OECEDENT'S EDUCATION ecify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Spi Elementary/Secondary (0-12) College (1-4 or 5+) 10 Homemaker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) SYLVIA WASHINGTON STEPHEN KING 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 917 Belgian Avenue, Balto., MD 21218 Romaine King Sister 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE 4 Dongton 1 Other (Specify) in state SIGNATURE OF FUNERAL SERVICE LICEN 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir State Anatomy Board 7/2/91 655 W. Baltimore St, Balto.MD 21201 wece 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory street, Approximate shock, or haart fellure. List only one cause on each line. terval Between Onset and Death IMMEDIATE CAUSE (Finel disease or condition . ENDOCARDITIS COMPLICATING CHRONIC INTRAVENOUS DRUG ABU resulting in death) DUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if sny, lesding to immediata e. Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE TES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 6 | Other (Specify) patient 2 - ER/Outpatient 3 DOA 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural м 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED 6 Could not be determined 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(a) and manner as stated. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 6-29-1991 ellele OCME H 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 N. PENN STREET BALTIMORE, MARYLAND 21201 115 L 141) Word DNID 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

3. TIME OF DEATH

REG. NO

2. DATE OF DEATH

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, La

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JONE S = LOISE 357 -5. SEX 6. AGE (In yrs. last birthday) IF UNDER & YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAYS 1 M 2 1 F 9-1-1924 Florence permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and no 9b. CITY. TOWH OR LOCATION OF DEATH Sc. COUNTY OF DEATH DIRECTOR Baltimore County General Hosp. Randallstown RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d, INSIDE CITY LIMITS? Md. Randallstown Maryland 1 TES 2 NO FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5605 Old. Court Rd. use as the burial-transit 21207 USA nours after death. Page 6 may be retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 ANO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-II yes, specify Cuban, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 1 Never Married 2 Marrie Specify: Black BY 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi 1 by the funeral director, page 5 should be detached for removal. Elementary/Secondary (0-12) College (1-4 or 5+) Housewife 12 once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) McNeil Brockington Sr. Eloise Brown notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Charles Lee Jones 5605 Old. Court Rd. Randallstown Md. 21207 3 29s. METHOD OF DISPOSITION
1 Disposition | Method | Metho 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION -- City or Town, State DATE must Garrison ForrestVa. 4 - 3Garrison, Maryland examiner 22. NAME AND ADDRESS OF FACILITY 21. SIGNATURE OF FUNERAL SERVICE DICENSEE Derrick C. Jones F.H. 4611 Park Heights Avenue Balto. Md. medical 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdisc or respiratory strest, Approximate filled in by ahock, or heart fellure. List only one cause on each line Interval Between 6 **Onset and Death** IMMEDIATE CAUSE (Finel emorna and completely fille burial, cremation, the LLL disease or condition resulting in death) executed within DUE TO (OR AS A CONSEQUENCE OF) traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): has been signed by the attending physician at Dept. of Health and Mental Hyglene prior to 1 If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other t DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 0 PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS PHYSICIAN: MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE that 23 shows any 1 TES 2 NO OF DEATH? 1 TES 2 NO Hurian 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) r this certificate h HOSPITAL:
1 | Inpatient 2 | ER/Oulpatient 3 | DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) OR ATTENDING PHYSICIAN: 1 YES 2 NO 6 26b. TIME OF 28c. INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 6 Pending FILINEFIAL DIRECTOR; After this within 72 hours after death with 17 hours after death within 18 hom 28 is market BY 2 Accident 26a. PLACE OF INJURY — All home, farm, street, factory, office building, stc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined ETED. 4 Homicide 29e. CERTIFIER
(Check only one)

The Desire of my knowledge, death occurred at the time, data and place, and due to the cause(s) and menner as stated.

The Desire of the basic of assistance of the later of the lat COMPL HOSPITAL MPORTANT: II 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. within 296. SIGNATURE AND TITLE OF CENTIFIER 29d. DATE SIGNED (Month, Day, Year)

6. 28 91 29c. LICENSE NUMBER **BE** 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PAY1. MD. BCG.H. RANDAUSTOWN, MD 21133 9 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) 03 1001 **DHMH-16 Rev t/89**

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

203-3146	r attending physician.	use as the burial-traffsit permit, Pages 1, 2, 3 should		
BALTIMORE, MARYLAND 21203-3146	ours after death. Page 6 may be retained by the hospital	illed in by the funeral director, page 5 should be detached for	n, or removal.	e medical examiner must be notified at once.
F VITAL RECORDS, P.O. BOX 13146	D THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed without after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VI	TO THE HOSPITAL OR ATTENDING PHYSICIAN:	TO THE FUNERAL DIRECTOR: After this certific.	be filed within 72 hours after death with the St	IMPORTANT: If Item 28 is marked, or it

_ 1	- STATE REGISTRAR	SIMIL OF I			ICATE OF			MENTAL HYGIEI REG. NO		
	1. DECEDENT'S NAME (First, Middle, Lest) WILLIAM G. L.	E. S.						2. DATE OF DEATH	DAY	YEAR 8 P
	4. SOCIAL SECURITY NUMBER 217-121-3891	5. SEX 1 M 2 F	8. AGE (In yrs. lest	t birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year)	27	B. BIRTHPLACE (State or Foreign Country)
E E	96. FACILITY NAME (If not institution, give street and number) 96. COUNTY OF GEATH BON SECOVAS AS. CPTAY BATTIMO									TY OF OEATH
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	770010 77		10c, CIT	Y, TOWN OR LOC	TION			1 - (//	10d. INSIDE CITY
OB	AD			7.	3 ALTIN	ORE	Ci	7-/		1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER	STREE		1	f. ZIP CODE	2/	217	10g. CITIZI	EN OF WHAT COUNTRY?	
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. Was DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11 yes, specify Cuben, Mexican, Puerto Rican, etc.) 14. RACE—Black, W 1 Yes 2 NO Specify:									4. RACE — American Indian, Black, White, etc. Specify: Black
LETED	15. DECEDENT'S EQUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17b. KIND OF BUSINESS/INDUSTRY									
COMPL	17. FATHER'S NAME (First, Middle, Last)	20				18. MOTI	HER'S NAI	ME (First, Middle, Melde	n Sumamey	rd
TO BE	19a, INFORMANT'S NAME (Type/Print)		196	MAILING	ADDRESS (Street	and Number	or Rural R	loute Number, City or To	wn, State, Zip (Code)
۲	Marie V. Le	e		53/1) Noru	rood	Ave	- De	2140, A	10 21207
	20s. METHOD OF DISPOSITION 10 Buriel 2 Cremellon 3 Removal from State 4 Donation 5 Other (Specify) 20s. PLACE OF DISPOSITION (Name of cemeter), cremetory or other place) Garnson Forest Uet Owings Hills, Md									
	21. SIGNATURE OF FUNERAL SERVICE LIC	May	ch		March	F/H Wo Nabash	est			
CERTIFICATION	shock, or heart failure. I	oue to	TAST (OR AS A CONSEG LT CAST	ATI EVENCE CO CX	ion	ist	RIC E	CANC Disec	ER	Interval Betwee
MEDICAL	PART II. Other significent conditions	contributing to	death but not r	esulting	in the underlyl	ng cause	given in	Part I. 24a, WAS A PERF(N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26	ACE OF D	FATH (Ch	eck only one)		
SICI	EXAMINER?	HOSPITAL:	☐ ER/Oulpatient 3	□ DOA	OTHER:			6 Other (Specify)		
ВУ РНУ	27. MANNER OF DEATH Netural 6 Pending Investigation	28a. DATE Of (Month, I		28b. TII	ME OF 26c. II	JURY AT ORK? YES 2		26d. DESCRIBE HOW	INJURY OCC	URED
	3 Suicide 6 Could not be determined	26e. PLACE (building	OF INJURY — At ho, atc. (Specify)	me, farm,	street, factory, of	ce		281. LOCATION (Stree City or Town, Stell	t and Number o	or Rural Route Number,
COMPLETED	ana)		N					to the cause(a) and m		d. cause(e) and manner as stated,
TO BE 0	296. SIGNATURE AND TATLA OF CERTIFIER	loche	49 pt	57	mo	29c. LIC	32	904	29d, DATE	SIGNED (Morth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAL	SE OF DEATH (ITE	M 27) (Typ	e, Print)		ar.			1
	31. DATE FILED (Month, Dey, Year)	32. REGISTR	AR'S SIGNATURE	Pariole	ME:					
	305 0 13	Gune	A landa fullation							DHMH-16 Rev

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the shocking physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM				IYGIENE REG. NO.	- 1	10011
1. DECEDENT'S NAME (First, Middle, Last) SHIRLEY		LA	WSON		2. DATE OF I	DEATH DAY	YEA O 1	
4. SOCIAL SECURITY NUMBER 171-36-3931	1 - M 2 K XE 4	6 YRS. MO	UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, Da 02 —		6. BI	RTHPLACE (State or Foreign ountry) ennsylvania
99. FACILITY NAME (if not institution, give s 501 EAST PREST				MORE CI		94	c. COUNTY O	F DEATH
10a. STATE 10b. COUNTY			T i more	e City				10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 501 E. Presto	n St. Apt 4			ZIP CODE		16		DE WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED 2 XNO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexican 2 NO Specify	n, Puerto Rical		No- 14. R	ACE — American Indian, listack, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 12th	completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during mo tired.)	st of working	16b. KIN	Nurs		IV .
17. FATHER'S NAME (First, Middle, Last)	2 110	OCTIACI	IC AI	16. MOTHER'S NAI	ME (First, Middl		_	
Frederick Hen	derson			Henr	ietta	John	son	
19a, INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	and Number or Rural F	Route Number, (City or Town, S	tate, Zip Code	21217
Earla Jones						Apt.	2B B	alto,Md.
209. METHOD OF DISPOSITION 145. Buriel 2 Cremation 3 Rem 4 Donellon 5 Other (Specify)	M	PLACE AND DATE OF COMPETER OF	Cemet	tary	7-5-		11.	, Md .
21. SIGNAPORE ON FUNERAL SERVICE LIC	3. Cegl			Park H	Derri			nes F.H.
IMMEDIATE CAUSE (Final	complications that caused List only one cause on as a Due to (or as a cause on as a cause on as a cause on as a cause on as a cause of the cause of	ch line.		da of dylng, sucl	h ss cărdisc	or respirate	ory srrest,	Approximata Interval Batween Onset and Death
Sequentially list conditions, if sny, lasding to immedists cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	CONSEQUENCE OF):						
	d							i
PART II. Other significant condition	es contributing to death bu	it not resulting in 1	ha undariyin	g cause given in		e. WAS AN AU PERFORME	D?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL			LACE OF DEATH (Ch	eck only one)			1
1 TYES 2 NO	HOSPITAL: 1 Inputient 2 ER/Output	tient 3 DOA 4		ne 5 PResidence	8 🗆 Other (S	pecify)		
27. MANNER OF DEATH Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WO	URY AT DRK? YES 2 NO	28d. DEŞCRI	IBE HOW INJU	JRY OCCURE	D
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Special	— At home, farm, atre	et, factory, offic	:0	28I. LOCATIO City or To	ON (Street and lown, State)	Number or Re	ural Route Number,
onel	ICIAN: To the best of my knowle ER: On the basis of examination							use(e) and manner ee stated.
296. SIGNATURE AND TITLE OF CERTIFIE	deans my			29c, LICENSE NUI	MBER 8	2	ed. DATE SIG	NED (Month, Day, Year)
Pamela C. Tuc	CREV 600	TH (ITEM 27) (Type, Pri	00/60	STB	altu	nioro	Md	2125
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	76					

DHMH-18 Rev 1/89

TO THE FUNERAL DIRECT
be filed within 72 hours at
IMPORTANT: If item 2

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nrtificate has been signed the State Dept. of Health a	=	
TOR: After this certificate has been signed by the after death with the State Dept. of Health and Me	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner m	
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH 3. TIME OF DEATH MONTH O6 12:20 A M ANTONIO LESANE 91 28 6. AGE (In yrs. last birthday) 4. SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7 DATE OF BIRTH B. BIRTHPLACE (State or Foreign (Month, Day, 1 M 2 D F 214-72-1839 DAYS HOURS VDC MD 9a. FACILITY NAME (If not institution, give street and number 9c. COUNTY OF DEATH 9h CITY TOWN OR LOCATION OF DEATH Joseph HOSP:TAL RAltimore DIRECTOR OWSON MD, RESIDENCE OF DECEDENT 10d. INSIDE CITY
LIMITS?
1 YES 2 NO 10a STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION Md Baltimore 10s. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1617 Mountmor Court 21217 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 TYES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. BACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY Black 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 165 KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple COMPLET Elemantary/Secondary (0-12) College (1-4 or 5+) Beautician Hairdresspip 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Betty Edwards James LeSane 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 562 Brisbane Rd. Baltimore Md 21229 Knuckles 2er. METHOD OF DISPOSITION

| Surfel 2 | Cremation 3 | Ramoval from State
4 | Donation 5 | Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION -- City or Town, State 21228 Western Star 7-2 Ingleside Md. 21. SIGNATURÉ OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Wallage Funeral Service 229 Haury 1A 23. PARTY. Enter the disease, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. **Approximate** Interval Between IMMEDIATE CAUSE (Finel Onset and Death Fungal Septecernica
DUE TO (OR AB A CONSEQUENCE OF): disease or condition resulting in daath) Aquired Immuno Deficiency Syndrome-AIDS CERTIFICATION Sequentially list conditions, TO (OR AS A CONSEQUENCE OF) If eny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initisted events DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART ii. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? PHYSICIAN: MEDICAL 24b. WERE AUTOPSY FINDINGS AILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 TYES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER:
4 □ Nursing Home 5 □ Residence 6 □ Other (Specify) 1 YES 2 NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA 28c, INJURY AT WORK?
1 YES 2 NO 27. MANNER OF DEATH 26a. DATE OF INJURY (Month, Day, Year) 284. DESCRIBE HOW INJURY OCCURED 26b. TIME OF 6 Pending Investige 1 Netural BY 2 Accident 26e. PLACE OF INJURY — A1 home, farm, street, factory, office building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Sulcide 6 Could not be COMPLETED 4 Homicide 29a. CERTIFIER
(Check only one)

2 | MEDICAL EVANIMED: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner ea stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and m 29b. SIGNATURE AND TITLE OF CERTUFIER 29d. DATE SIGNEO (Month, Day, Year) BE

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)

TAWFIK CHAMI (MD

2213 WOODBOX LANE , BALTIMO MD 21200 , BALTIMORE, LANS

D36141

DM

31. DATE FILED (Month, Day, Year)

03 1991

32. REGISTRAR'S SIGNATURE Julia Savidson-Randelle

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	TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. I		
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the beam certained within 12. Hours diet leading or leading by the hospital or attending physician.	urial-tra		
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OR	DIRE	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	proposed to the market or these 22 shows any laters or other transmitte event the medical available must be notified at once.
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Greenwell JT. M. 1

32. REGISTPARS SIGNATURE

July Davidson Production

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	1 - FOR STATE OF MARYLAND / DEPA	RTMENT OF HEALTH AND I	MENTAL HYGIENE 9	18013
1	1. DECEDENT'S NAME (First, Middle, Lest)	1		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (in yrs. lost birthdo)	/ ILLIAMS	7. DATE OF BIRTH 8.1	BIRTHPLACE (State or Foreign
	245-01-583210M2 75 75 YRS.	MONTHS DAYS HOURS MIN	(Month, Day, Year) 7-16-15 N	COUNTRY)
	9a. FACILITY NAME (If not institution, give street and number)	96. CITY, TOWN OR LOCATION OF OR		OF OEATH
OR	STI AGNES HOSPITAL	BAHIMORE	CITY BAL	timore City
DIRECTOR		CITY, TOWN OR LOCATION	2.1	10d. INSIDE CITY
	MD BAHIMORECITY P	3AHIMORE (174	1 YES 2 NO
FUNERAL	270 NORTH HILTON ST.	10f. ZIP CODE	109. CITIZEN	OF WHAT COUNTRY?
UNE	11, MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED			RACE — American Indian, Black, White, etc.
ВУ	1 Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Ouben, Mexics 1 YES 2 NO Specif		Specify: BIACK
TED	15. OECEDENT'S EOUCATION 16a. OECEDENT (Specify only highest grade completed) (Give kind	T'S USUAL OCCUPATION of work done during most of working T use retired.)	16b. KIND OF BUSINESS/INDUST	FRY
PLE	Elementary/Secondary (0-12) College (1-4 or 5 +)	makėn		
COMPLETED	17. FATHER'S NAME (First, Middle, Lest)	18. MOTHER'S NA	AME (First, Middle, Meiden Surneme)	
BE C	Benjamin Flanagan		Mozingo	
01	196. NFORMANT'S NAME (Type/Print) Willie Williams 270	N. Hilton Str	Route Number, City or Town, State, Zip Co-	
	20s. METHOD OF DISPOSITION 20b. PLACE OF DISI	POSITION (Name of cemetery, cremetory or	20c. LOCATION — City	or Town, State
	**XTRuriel 2 Cremetion 3 Removel from State Marylan		Laurel	Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	3405 W Fra	meral Service	o. Md. 21229
	23. PART I. Enter the disasses, or complications that ceused the deeth. D shock, or heart failure. List only one ceuse on each line.	o not enter the mode of dying, suc	ch as cerdiec or respiratory streat	Approximete
	IMMEDIATE CAUSE (Final			Onset and Death
	disease or condition	· CHronic		2 years
,		Tion of CHroni	c Hemopialysis	2 wells
0	If sny, leading to immediate	: OF):		
RTIFICATION	CAUSE (Disease or Injury CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE	F OF:		
HTIE	that initiated events resulting in death) LAST	,		3
핑	PART II. Other significant conditions contributing to death but not resulting	ng in the underlying cause given is	n Part I. 24a. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
CAL	Periphral vasculor dise		PERFORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
MEDICAL	Perebrd VASCULAR dise	ase_		1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF OEATH (C		
HYS		TIME OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OCCU	RED
ВУ Р	1 Netural 5 Pending (Month, Dey, Year) 2 Accident Investigation	M 1 YES 2 NO		
60	3 Suicide 6 Could not be building, etc. (Specify)	m, street, factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,
LET	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, deeth occ	curred at the time, date and place, and di	ue to the cause(a) end menner as stated	La Fil
COMPLET	(Check only one) 2 MEDICAL EXAMINER: On the besis of examination end/or investig			
BE C		29c. LICENSE NI	UMBER 29d, DATE S	SIGNEO (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CALCE OF DEATH (ITEM 27) (Type, Print) 950 (ATON A	Ivenue Division 6	4/7/ 1 NONCHOSE
	Ropert C. Greenwell ST. M.D.	ST. Agnes Hos	pital BALTINO	2, MD 21727

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STATE	0F	MARYLAND	/ DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGI	ENI
		(ERTIFICA	TE O	F DEAT	TH		REG	NO

	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIREG.		1 18014		
1	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEAT MONTH		3. TIME OF DEATN		
	JOHN C. LIMPERT		CHARLES			6	28 91	9:30 P M		
	4. SOCIAL SECURITY NUMBER 216 09 1421	1X M 2 □ F 7	χ M 2 \Box F 72 YRS. MONTHS DAYS HOURS MIN. $3/2$					Country) MARYLAND		
~	9a, FACILITY NAME (If not institution, give st				R LOCATION OF DE			S. BIRTHPLACE (State or Foreign MARYLAND COUNTY OF DEATN BALTIMORE 10d. INSIDE CITY LIMITS? 1		
ē	VA MEDICAL CENTER			FURT F	FORT HOWARD, MARYLAND BALTIMORE					
<u>ا</u> ي	10s. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	OR LOCATION 10d. INSIDE CITY					
ā	MARYLAND BALTI	MORE		XXXXXXXXXX		I/A				
₹ I	10e. STREET AND NUMBER	A 15		101	ZIP CODE		100	OF WHAT COUNTRY?		
FUNERAL DIRECTOR	6114 DUNROMING RC				21239					
BY FU	1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR DA WWII	2 NO	If yes, spe	ENDENT OF NISPAN ecity Cuben, Mexicar 2 NO Specify.	, Puarto Rican, ato		Black, White, atc. Specify:		
G	15. DECEDENT'S EDUC (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATIO	IN at all working	16b. KIND OI	BUSINESS/INDUS			
	Elamentary/Secondary (0-12)	College (1-4 or 5+)		work done during mo- se retired.)	at or working					
COMPLETED	12		Res	searcher			S.Navy			
8	17. FATHER'S NAME (First, Middle, Last) John Limpert				AGNES NA	ERTRUDE"	WRIGHT	· ·		
BE	19a, INFORMANT'S NAME (Type/Print)		19b. MAJLING	ADDRESS (Street a	nd Number or Rural F	Toute Number City o	Town State Zin Co	riel		
2	CLINICAL RECORDS									
	20 METNOD OF DISPOSITION 1/2 Surial 2 Cremetion 3 Rame	20b		SITION (Name of cer						
	4 Donation 5 Other (Specify)	oval from State	Dulaney	Valley		L	uthervil	le,Maryland		
	21. SIGNATURE OF PUNERAL SERVICE LIC	Stolu 2 R	Eur)	22. NAME AN	D ADDRESS OF FAC		Viedefėl	d Home		
	Tolut L	Nanna	200		York Roa	d Balti	more, Ma	ryland 21212		
	23. PART I. Enter the diseases, or of shock, or heart fellure.	complications that cause List only one cause on a		not enter the mo	de of dying, such	n es cerdiec or	reepiratory erreet			
	IMMEDIATE CAUSE (Fine)									
	disease or condition s. BILATERAL PNEUMONTA									
_	DUE TO (OR AS A CONSEQUENCE OF):									
2	Sequentially liet conditions, if any, jesding to immediate	TES MELL CONSEQUENCE C	ALTUS PF):							
S	cause. Enter UNDERLYING CAUSE (Disessa or injury	v-		RY DISEA	SE					
E	that initiated events	DUE TO (OR AS A	CONSEQUENCE C	OF):				i		
CERTIFICATION		d								
A P	PART II. Other significent condition	s contributing to death b	out not resulting	in the underlying	g ceuse given in		S AN AUTOPSY REORMED?			
PHYSICIAN: MEDICAL						1 _ Y	ES 2 NO			
ME								1 YES 2 NO		
Ä										
C	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 XNO	HOSPITAL:		OTHER:	ACE OF DEATH (Ch					
14S	27. MANNER OF DEATH	1 Xinpatient 2 ER/Outp	patient 3 L DOA		e 5 Residence		OW INJURY OCCUR	RED		
	1 Natural 5 Pending	(Month, Day, Year)		JURY WO	PRK? YES 2 NO	200 20000000000000000000000000000000000				
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spec	/ — At home, farm,	street, factory, offic	•	281. LOCATION (S City or Town,		Rural Route Number,		
	4 Nomicide determined	sarang, au (opo				City or lown,	Oraco/			
COMPLETED	Criscii Orny	ICIAN: To the best of my know	riedge, death occur	red at the time, date	and place, and due	to the cause(a) en	d manner as stated.			
2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the							ce, and due to the c	cause(s) and menner as stated.		
ш	296. BIGNATURE AND TITLE OF CERTIFIE	R	Ma 10		29c. LICENSE NUN	ABER O I	29d. DATE S	HGNED (Month Day, Year)		
TO B	1 / Jaicea	nune	THE COLUMN		Wa6	271	1 6	107141		
	30. NAME AND ADDRESS OF PERSON WH									
	DR MARCIA KANE M. 31. DATE FILED (Month, Day, Year)		TH POINT	ROAD, F	ORT HOWA	RD, MARY	TAND 210)52		
	111 0 3 1991	12. REGISTRAR'S SIGN	Randelle							

D. BALTIMORE, MARYLAND 21215-0020	ithin 24 nours after death. Page 6 may be retained by the hospital or attend or precian.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the part of the first permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	nt, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending personal	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

•	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC					MENTAI	REG. NO	E		
	1. DECEDENT'S NAME (First, Middle, Last)					_			OF DEATH		3	TIME OF DEATH
Ĭ	HERMAN F. LEISS							MONTI	1 0		YEAR	0635 N
1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)	IF UNDER	_	IF UNDER		7. DATE	OF BIRTH		BIRTHPL	ACE (State or Foreign
	A-714-10-5733 9e. FACILITY NAME (if not institution, give stree	1 M 2 F 9	YRS.	NONTHS		HOURS		AN.2	0, 190			MORE, MD.
	96. FACILITY NAME (If not institution, give street and number) 96. CITY, TOWN OR LOCATION OF DEATH HOMEWOOD RETIREMENT CENTER FREDERICK RESIDENCE OF DECEDENT									***		
	10e. STATE 10b. COUNTY	IMORE	177.	TOWN C	TUS	DN	_					Dd. INSIDE CITY LIMITS? YES 2 X NO
	100. STREET AND NUMBER 5510 HEATHERWOOD R	OAD			21200	ZIP CODE 2122						AT COUNTRY?
		2. WAS DECEDENT EVER	IN U.S. ARMED	13				IIC OBIGIN	2 (Specify Ver			- American Indian,
ă.	1 Never Merried 2 Merried 3 X Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			 WAS DECENDENT OF HISPANIC ORIGIN? (Specify If yes, specify Cuben, Mexican, Puerto Rican, atc. YES 2 → NO Specify: 						Black, Specify:	WHITE
	15. DECEDENT'S EDUCA (Specify only highest grade or	mpleted)	16a, DECEDENT'S U (Give kind of we life. Do NOT use	ISUAL Ork done	CCUPATION during most	N t of worldn	g	18b	KIND OF BU	SINESS/INDU	STRY	
	4TH GRADE	College (1-4 or 5+)	DRIVER						AILWA	_	ESS	
	17. FATHER'S NAME (First, Middle, Lest) FREDERICK LEISS						OPHI		Middle, Meiden GILSTI			
	19e. INFORMANT'S NAME (Type/Print)	-	19b. MAILING								Code)	
	GESINA M. KIMBROU	GH	5510	HEA	THER	MOOD	ROA	D, AR	BUTUS	MD.	212	27
	20a. METHOD OF DISPOSITION Y Burial 2 Cremetion 3 Remov 4 Donation 5 Other (Specify)		m State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) MEADOWRIDGE MEMORIAL PARK 17/5 ELKRIDGE								, State	
- 1	21. SIGNATURE OF FUNERAL SERVICE LICE			22.	NAME AND	ADDRES	SS OF FA	CILITY				
1	> Hawn Z. 7	Fisher							OME II		E, M	D. 21229
	23. PART I. Enter the diseases, or co shock, or heert feliure. Li IMMEDIATE CAUSE (Finel disease or condition resulting in death)	et only one ceuse on		cul					noc of Teap			Approximate interval Between Onset and Deati
	Sequentially list conditione, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		TO (OR AS A CONSEQUENCE OF): TO (OR AS A CONSEQUENCE OF):									
		mellitus	deeth but not reculting in the underlying cause given in Pa $\!$					Part i.	24a. WAS AN PERFO	RMED?	- 0	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
	(3) alzhein	en du	EASE									
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	UO O DITAL				ACE OF D	EATH (Ch	eck only o	10)			
		HOSPITAL: 1 Inpatient 2 ER/Ou	tpatient 3 🗆 DOA	OTHE	rsing Home	5 🗆 Re	sidence	8 🗆 Othe	r (Specify)			
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? Month, Day, Year) 28b. TIME OF 18JURY AT WORK? Month, Day, Year) 28d. DE\$CRIBE HOW INJURY OCCURED 1 YES 2 NO							9 1				
	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUF building, etc. (Sp	ty — At home, farm, st ecity)	treet, fac	tory, offica				ATION (Street or Town, State		or Rural Ro	ute Number,
	29e. CERTIFIER (Check only one) 1 DERTIFYING PHYSICI											and manner ea stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	-Al	40			29c. LIC	ENSE NUI					Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF D		Print)								

Keindren-Rondest

1991

DHMH-18 Rev 1/89

1. DECEDENT'S NAME (First, Middle, Last)

T.

FOR STATE REGISTRAR

JOHN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

LEASE

YEAR

1991

3. TIME OF DEATH

lid.

23-15

2. DATE OF DEATH MONTH

6

27

3rd

FEH

that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician. DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this centil

BALTIMORE, MARYLAND 21215-0020

	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. lest birtho		ER 1 YEAR	IF UNDER 24 HRS.		OF BIRTH		8. BIRTHPLA	BIRTHPLACE (State or Foreign Country)			
	214-76-2004	1 🔯 M 2 🗌 F	28 YR	S. MONTHS	DAYS	HOURS MIN.		n, Day, Year) 1st 24	1961	Md.				
	9a. FACILITY NAME (If not institution, give a	9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH											
CTOR	PHYSCIANS MEMORI		La	PLATA			A	LEGHA	ANY					
EG	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	v	100	CITY TOWN	OR LOCAT	ION								
DIRI					TY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?									
AL	10e. STREET AND NUMBER	legany		Bart	Barton 10/, ZIP CODE 109, CITIZEN OF WHAT COUNTRY									
ER/	Latrobe St. 21521 US													
FUNER	11. MARITAL STATUS					ENDENT OF HISPA								
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced		1 ☐ YES 2 (Y NO Specify: Specify:											
ED B	15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION 16b, KIND OF BUSINESS/INDUS									White				
	(Specify only highest grade completed) [Give kind of work done during most of working life. Do NOT use retired.) [Give kind of work done during most of working life. Do NOT use retired.)													
	Unknown			tatio	n As	s'nt Man	g.	Gaso.	line 1	Retail	L			
COMPL	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA								
6 III														
TO BE	19a. INFORMANT'S NAME (Type/Print)		Number, City or Town, State, Zip Code)											
	Karen A. 1	Lease				Barton								
	20a, METHOD OF DISPOSITION 1 Burlal 2 Critiquation 3 Part	loval from State	20b. PLACE AND cemetary, creme Laur	OATE OF OIS	POSITION		OAT			ity or Town,				
	21. SIGNATURE OF FUNERAL SERVICE LI	CENTRE	Laur			7-2		MO	SCOW	MILIE	, Barton,			
	22. NAME AND ADDRESS OF FACILITY Boal-Warnick Funeral Service													
	111 Church St. Westernport, Md. 21562													
	23. PART is Enter the dienases, or ahock, or heart fellure.			Do not ente	er the mo	de of dying, su	ch ss can	disc or resp	iratory em	eat,	Approximats interval Between			
2	IMMEDIATE CAUSE (Finel	AA	14 nl	-	•	~					Onset and Death			
	disease or condition resulting in death) a.													
, event,	OUE TO (OR AS A CONTEQUENCE OF):													
CATION	Sequentially list conditions,	b	O (OR AS A CONSEQUENC	CE OF):										
	Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE.													
TIFIC														
1 55 1														
											. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
SICA	PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?													
MED											OF DEATH? 1,20 YES 2 □ NO			
AN:														
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				LACE OF OEATH (C	heck only o	ne)			·			
YSI	1 X YES 2 □ NO	1 Inpatient 2	K ER/Outpatient 3 🗆 D	OA 4 🗆 N		ne 5 🗆 Rasidence								
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE O	Day, Year)	TIME OF INJURY	W	JURY AT DRK? YES 2 X NO					O IMPACT			
B	2 Accident Investigation					E/CYCLE								
<u>a</u>	3 Suicide 6 Could not be 4 Homicide determined	erm, street, fo	actory, offic	:e	Uny	LOCATION (Street and Number or Rural Route NumbarMPACT City or Town, State) OUTE 36 ALLEGANY COUNTY, MD								
: iu	POOL CERTIFIED													
= =	(Check only		of my knowledge, death o								of manner on eleted			
D BE CO	2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and 29b. SIGNATURE IND TITLE OF CERTIFIER									111111111111111111111111111111111111111				
BE	296. SIGNATURE AND TITLE OF CERTIFI			29c. LICENSE NUMBER 29d. DATE SIGNED (Month,										
2										06-28-1991				
	AMDIXON 111 PENN STREET BALTIMORE, MARYLAND 21201													
	31. DATE FILED (Month, Day, Year)		RAR'S SIGNATURE	T TWATA	SING	דותטיי יי	LIVIU	LIN-T/IL	ביואה ק	TZUI				
	an mark trace (month, pay, roal)		avidson-Randa											

_	FOR 1 - STATE REGISTRAR	STATE OF MARYL				EALTH ANI DEATH		REG. NO		-	017	
	1. DECEDENT'S NAME (First, Middle, Last)	7					2. DATE	OF DEATN	AY 1	YEAR 3. T	IME OF DEATN	
	GLORIA		MOSES	T		,		NE 30.	1991		03A	
	4. SOCIAL SECURITY NUMBER		In yrs. last birthday	MONTHS	DAYS	HOURS MIN	(Mon	OF BIRTN th, Day, Year)		Country)	DE (State or Foreign	
	213-46-4529	1 M 2 K F	44 YRS.					9-1946			Md	
,	9e. FACILITY NAME (If not institution, give st					OR LOCATION OF	DEATN			Y OF DEATN		
ē	THE JOHNS HOPKI	NS HOS PITAL		B	ALTIN	TORE			BALTI	MORE	CITY	
입 입	10e. STATE 10b. COUNTY	1	10c. C	ITY, TOWN	OR LOCAT	TION				10d	, INSIDE CITY	
DIRECTOR	Md		Ba	ltimo	re					10	LIMITS? YES 2 NO	
	10e. STREET AND NUMBER					. ZIP CODE			10g. CITIZE	N OF WHAT		
2									U	SA		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER II FORCES? 1 YES	N U.S. ARMED	13	. WAS DEC	ENDENT OF NIS	PANIC ORIG	N? (Specify Ye	or No- 1-		American Indian,	
	1 Never Merried 2 Merried	FORCES? 1 YES	2 NO		If yes, sp	ecity Cuben, Me	xican, Puerto	Rican, etc.)		Black, Wh Specify:		
BY	3 Widowed 4 Divorced						,-			-promy.	B1ack	
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16e. DECEDENT	of work done	durina ma	ON ast of working	- 16	b. KIND OF BU	SINESS/INDU	STRY		
91	Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do NOT	use retired.)							
COMPLETE												
8	17. FATHER'S NAME (First, Middle, Last)							Middle, Maiden	Sumame)			
H	Piggy Moses						. Campb					
2	19e. INFORMANT'S NAME (Type/Print)					and Number or Ru				(ode)		
	Deborah McClary					Avenue Ba						
	204 METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Rem	oval from State	VOSHETT G	OSITION (A	Vame of cer	metery, cremetory	or		CATION — CI		State	
	4 Donation 5 Other (Specify)		vosneti G		MARKE AN	NO ADDRESS OF	EACH PTV	l Ba	ltimore	e, Md		
	· Dala	Mar		"		ch F/H w		2				
	shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final									Approximate Intervel Betwee Onset and Dea Syland		
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events b. OUE TO (OR AS A CONSEQUENCE OF): oue TO (OR AS A CONSEQUENCE OF):											
	PART II. Other significent condition	d	out not resultin	g in the u	underlyin	g ceuse given	in Part i.	24a. WAS AF	AUTOPSY RMED?	AMA	RE AUTOPSY FINDING	
N: MEDICAL	1 YES 2 NO COMPLETION OF DEATH?											
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? VZ YES 2 NO 1 inpatient 2 ALER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify)											
ву РН	27. MANNER OF DEATN 1 Netural 6 Pending Investigation 2 Accident Investigation 3 Suicide e Could not be	Pending (Month, Dey, Year) INJURY					WORK7 1 YES 2 NO			DESCRIBE NOW INJURY OCCURED LOCATION (Street and Number or Rural Route Number,		
COMPLETED	4 Could not be determined building, etc. (Specify) 29e. CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, end due to the cause(e) end manner as stated.											
MO	one) —	ER: On the basis of examination									d menner as atated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	R				29c. LICENSE	NUMBER		29d. DATE	SIGNED (Mo	rith, Day, Year)	
BE (Julie A. Casan	1'1				D 28:	214		16,	130/9	1 140	
0						1			1		-	

Tas at Pe

mit. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

	FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPART	MENT OF H	EALTH AND N DEATH	MENTAL HYGIEN	E					
	1. DECEDENT'S NAME (First, Middle, Last)		OLITO II			2. DATE OF DEATH		3. TIME OF DEATH				
3.	Colon E M	· Neill	Naill				7 9					
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BI	RTHPLACE (State or Foreign				
		1 M 2 F 7		MONTHS DAYS	HOURS MIN.	(Month, Day, Yber) 2-14-1		untry) N_C				
	9e. FACILITY NAME (If not institution, give stre	,	/	9h CITY TOWN O	R LOCATION OF DE		9c. COUNTY O	F DEATH				
r	Versal Picks	y Hospic	٩	-	more	4.77						
2	RESIDENCE OF DECEDENT	41103p1c		DAIL	TOPE	C1 +7						
<u> </u>	10a. STATE 10b. COUNTY		10c. CITY	, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?				
DIMECTOR	Ma		Ba	(4)				1 XYES 2 NO				
	10e. STREET AND NUMBER		18200	101	ZIP CODE		10g. CITIZEN C	F WHAT COUNTRY?				
	821 Extan	St			2120	3-	U	S.A				
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				IC ORIGIN? (Specify Yes	or No- 14. F	ACE — American Indian, Back, White, etc.				
-	1 Never Merried 2 Merried	FORCES? 1 YES	2 XNO	If yes, spi		n, Puerto Rican, etc.)	1 22	pecify:				
2	3 Widowed 4 Divorced				/			Dau				
3	15. DECEDENT'S EDUC. (Specify only highest grade of		16a. DECEDENT'S (Give kind of w	rork done during mo		16b. KINO OF BUS	SINESS/INDUSTR	Υ				
9	Elementary/Secondery (0-12)	College (1-4 or 5+)	life. Do NOT us	e retired.)				2)				
COMPLE												
3	17. FATHER'S NAME (First, Middle, Last)	10.11			MOTHER'S NAI	ME (First, Middle, Meiden	Sumame)					
M H	Westey Mell	411			rebeca	a My	Veill	1.5				
2	190_INFORMANT'S NAME (Type/Print)	1: 11	19b. MAILING	ADDRESS (Street a	nd Number or Rural F	Route Number, City or Tow	n, State, Zip Code	1 71212				
	Coretha MCN	ell	1008	Tich	None	the Da	no, Ma	444				
	20e, METHOD OF DISPOSITION 1 D Buriel 2 Cremation 3 Remo	val from State	other place	SITION (Name of cer	netery, cremetory or	20c. 10	CATION City	or Town, State				
	4/ Donation 6 Other (Specify)		· Pa	rewoo	D ADDRESS OF FA	etery De	CITO, I	cy				
	21. SIGNATURE OF MINERAL SERVICE LICE	ENSEE		22. NAME AL	ID ADDRESS OF FA	L. West.						
3	Partia	Yhron)		relace	43	00 waha	who the	e				
	23. PART i. Enter the diseases, or co			not enter the mo	de of dying, suc	h es cerdlec or resp	iratory errest,	Approximete				
	IMMEDIATE CAUSE (Finel	list only one ceuse on ea	ech line.	1				Interval Between Onset and Death				
	disease or condition	Maeta	State	i Cle	Lenen	and Pr	who	40				
d	disease or condition resulting in death) s. Macha Sute: Curument of floring out to (or as a consequence of):											
z												
CATION	Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If sny, lesding to immediate											
5	ceuse. Enter UNDERLYING CAUSE (Disease or Injury											
RTIF	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):								
CER	resulting in death) CAS1	1.										
0	PART II. Other significant conditions	s contributing to death be	ut not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS				
S		-				PERFO		AMAILABLE PRIOR TO COMPLETION OF CAUSE				
PHYSICIAN: MEDI						I L TES	2 110	OF DEATH?				
2		-				-		1 123 2 10				
A	25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
SIC	EXAMINER?	HOSPITAL:	etlent 3 DOA	OTHER:		6 Other (Specify)						
¥	27. MANNER OF DEATH	26a. DATE OF INJURY	28b. TIN		JURY AT	28d. DESCRIBE HOW	INJURY OCCURE	iD				
	1 Netural 5 Pending	(Month, Day, Year)	IN		YES 2 NO							
B	2 Accident Investigation 3 Suicide 6 Could not be	26e. PLACE OF INJURY	26e. PLACE OF INJURY — At home, farm, street, factory, office			281. LOCATION (Street and Number or Rural Route Number,						
ED .	4 Homicide 6 Could not be determined	building, etc. (Spec	elfy)			City or Town, State)						
COMPLETED	29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.											
<u> </u>	(Check only	CIAN: To the best of my know						and the second s				
Ö	-		ii widzor arwaangani	on, in my opinion,	seath occured at the	time, date and prace, a						
BE	29b. SIGNATURE AND TITLE OF CERTIFIE	1//		1	29c. LICENSE NU		29d. DATE SH	SNED (Month, Dey, Year)				
9	////	Run	NON	>	000	59	0,	12//47				
_	30. NAME AND ADDRESS OF PERSON WH	U COMPLETED CAUSE OF DE	угн (ITEM 27) (Турі	i, Print)								
	31. DATE FILED (Month, Day, Year)	32_REGISTRAR'S SIGN	ATURE			<u> </u>						
	JUL 3 1991		1- Randall									
	TOT O 1991	2 min ham laton		_								

3. TIME OF OEATH

B. BIRTHPLACE (State or Foreign

Pennsylvania

10d. INSIDE CITY

1 TYES 2 NO

Montgomery County

10g. CITIZEN OF WHAT COUNTRY?

7:251

2. OATE OF OEATH MONTH

7. DATE OF BIRTH

1908

9c. COUNTY OF DEATH

July

10a. STATE

1. DECEDENT'S NAME (First, Middle, Last)

9a. FACILITY NAME (If not institution, give street and number)

Rockville Nursing Home

4. SOCIAL SECURITY NUMBER

Md. 10e. STREET AND NUMBER

071-01-1867

RESIDENCE OF DECEDENT

SIEGER

1 🗌 M 2 💢 F

5. SEX

IF UNDER 1 YEAR | IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

101. ZIP COOE

DAYS

Rockville

10c. CITY, TOWN OR LOCATION

Rockville

MESSENGER

VRS

6. AGE (In yrs. last birthday)

82

ages 1, 2, 3 should

signed by the attending physician and completely filled in by 1 Health and Mental Hygiene prior to burial, cremation, or remo this certificate has been with the State Dept. of

The

OR ATTENDING PHYSICIAN:

HOSPITAL

FUNERAL DIRECTOR 20850 303 Adclare Road USA 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 2NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Merried 8 3 📉 Widowed 4 🔲 Divorced white 16a. DECEDENT'S USUAL OCCUPATION COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade (Give kind of work done life. Do NOT use retired.) Elementery/Secondary (0-12) College (1-4 or 8+) Retired Fashion Business 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Emma McCreary Rev. Peter George Sieger notified at 8 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1890 Milboro Drive, Rockville, Md. 2085年 Ruey Messenger Warfield Pe 20s. METHOD OF DISPOSITION
1 Burlei 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF OISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Uniformed Services University Bethesda. Maryland examiner 22. NAME AND ADDRESS OF FACILITY Gary L. Kaufman Funeral Home 5695 Main Street. Elkridge. Md. medical 23. PART I. Enter the disease, or complications that ceused the death. Do not enter the mode of dying, such as cerdiac or respiratory errest, Approximate e. List only one cause on sech line. Interval Between ahock, or has Onset and Dasth IMMEDIATE CAUSE (Finel the DUE TO (OR AS A CONSEQUENCE OF): PM disesse or condition_ reauiting in daath) event, artery disease coronary Iraumatic CERTIFICATION Sequantially ilat conditions, DUE TO (OR AS A CONSEQUENCE OF): i. any, laading to immediata cause. Enter UNDERLYING other t CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST 0 24s. WAS AN AUTOPSY PERFORMED? PART ii. Other eignificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS MEDICAL amy COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 23 shows 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 4 Sursing Home 5 - Rasidence 8 - Other (Specify) 1 YES 2 NO 6 28e. DATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DEŞCRIBE HOW INJURY OCCURED marked, 5 Pending Investigation Natural 1 YES 2 NO FUNERAL DIRECTOR: After t within 72 hours after death BY 2 Accident 26e. PLACE OF INJURY -- At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 45 3 Suicide 6 Could not be COMPLETED 4 Homicida 28 detarmined Hem MPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, end due to the cause(e) and manner se stated. 29h, SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year, BE 高田田 28 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) WISCOASIA AUR Garran 5530 Graver 8 32: REGISTRAR'S SIGNATURE Julia Veridon Andres 3 1991 DHMH-16 Ray 1/89

< 15

April 1

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	91-3660-045						91	18020			
	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART CERTIFIC			MENTAL HYGIEN		10020			
	1. DECEDENT'S NAME (First, Middle, Last)		7			2. DATE OF DEATH	AV VI	3. TIME OF DEATH			
	Jeffrey	William	Mills			06 30	19				
	4. SOCIAL SECURITY NUMBER 058 46 2033			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 7-25-68		BIRTHPLACE (State or Foreign Country) Maryland			
	9a. FACILITY NAME (If not institution, give :	street and number)		H. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY	OF OEATH			
DIRECTOR	RESIDENCE OF DECEDENT	ral Hospital		Salisl			Wicom	ico County			
	MD Wico	mico County		TOWN OR LOCAT alisbur				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 503 Loblolly Lar	ne		101	21801		10g. CITIZEN	OF WHAT COUNTRY?			
3	11. MARITAL STATUS	12. WAS DECEDENT EVER II				IC ORIGIN? (Specify Yes	or No 14.	. RACE — American Indian,			
₽	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES			2 NO Specify	n, Puerto Ricen, etc.)		Specify: White			
	15. OECEDENT'S EDU (Specify only highest grade		16a. OECEOENT'S U	SUAL OCCUPATION MO		166. KIND OF BU	SINESS/INDUS	TRY			
COMPLETED	Elamentary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	a waning						
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Sumeme)				
BE (William H. Mill	s III			Patric	ia Patts					
10	190. INFORMANT'S NAME (Type/Print) Patricia Mills	Mothe	250000000			Route Number, City or Tow lisbury, MD					
	20a. METHOD OF DISPOSITION 1 General 2 Cremetton 3 Ren		other place)	TION (Name of cer	netery, crematory or	20c. LO	CATION — City	or Town, State			
	Donation 5 Other (Specify)	CENSEE Ponald W	lade, Dir	22. NAME AI	ID ADDRESS OF FA	GLITY State I	Anatoms	Poard			
	Dungard 1	1//	7/2/91								
	7/2/91 655 W. Baltimore St, Balto., MD 21201 23 FART I. Enter the discesses, of complicatione that ceused that death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. Liet only one ceuse on each line. IMMEDIATE CAUSE (Final discesse or condition resulting in death) DUE TO (OR AS A CONSEQUECE OF):										
CERTIFICATION	Sequentially liet conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. Due TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF): d.										
PHYSICIAN: MEDICAL (PART II. Other significant condition	ne contributing to death t	out not resulting in	the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 1 YES 2 NO			
¥	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)					
SIC	EXAMINER? 1 ₩ YES 2 □ NO	HOSPITAL: 1 Inpatient 2x ER/Out		OTHER: • • Nursing Hon	e 5 🗆 Residence	8 Other (Specify)					
E	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU		URY AT	28d. DEŞCRIBE HOW	INJURY OCCU	RED			
BY	1 Natural 5 Pending 2 Accident Investigation		91 0440		Λ	Subject	drown	ed			
	3 Suicide 8 Could not be 4 Homicide determined	- A A	olfy)	reet, factory, offic	•	28f. LOCATION (Street City or Town, State 110 Wildl)				
	29a. CERTIFIER	Swimmir									
COMPLETED	non!	SICIAN: To the best of my know IER: On the basis of examination						cause(s) end menner ee stated.			
ш	29b. SIGNATURE AND TITLE OF CHITTE	500			29c. LICENSE NUI	MBER	29d. OATE S	RIGNED (Month, Day, Year)			
10 B	AV	1 XX			O.C.M.	Ε.	▶07	01 1991			
F	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF O			Street. F	Baltimore 1	Marvla	nd 21201			
	31. DATE FILED (Month, Day, Year) 31. 991	July Savid D									
	3 1001	rente Davide 10									

E STRAR	STATE OF MARY	LAND / DEPARTMENT CERTIFICATE	MENTAL I
NT'S NAME (First, Middle, Last)	EDAGUEDII	D 144.500	2. DATE OF MONTH
	EDACHERTI.	P. MATHEU	

	REGISTRAR			ERIIF	ICAL	: OF	DEAL	H		a. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	EDACHER	RIL P.	MATH	IEW			'n.	2. DATE OF DE	1 6/26/	91 _{VEAR}	3. TIME OF OEATH 3.30 A M
- 8	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (in yrs. i	ast birthday)	IF UNDER	1 YEAR	IF UNDER 2	4 HRS.	7. DATE OF BIR		8. BIRTI	HPLACE (State or Foreign
- 1	219-17-4658	1 7 M 2 F	85	YRS.	MONTHS	DAYS	HOURS	MIN.	AUG. 1	4, 190	Count	try)
	9a. FACILITY NAME (If not institution, give at	25			AL OUT	70401	R LOCATION	1 05 05			OUNTY OF D	
or I					15-27 (19)				AIH	9c. C	OUNTY OF L	PEATH
Ö	4086 FRAGILE SAII	WAY			EL	LIC	OTT C	ITY			HOWAF	RD
ទួ	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		100 017	Y, TOWN C	ND LOCAT	1011					10d. INSIDE CITY
E												LIMITS?
9		IOWARD	-	E	ווווי		CITY					1 YES 2 X NO
₹ I	10e. STREET AND NUMBER					101	. ZIP CODE			:10g. C	ITIZEN OF	WHAT COUNTRY?
FUNERAL DIRECTOR	4086 FRAGILE SAII	WAY					2104	43			IN	NDIA
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A		13.	WAS DEC	ENDENT OF	HISPAN	IC ORIGIN? (Spec	offy Yea or No-	14. RAC	E — American Indian, k, White, etc.
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE V		INO		1 TES	2 NO	Specify	n, Puerto Ricen, e	HC.)	1	
	341 Widowed 4 Divorced										AS]	IAN INDIAN
	15. OECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a, C	ECEDENT'S	USUAL O	CCUPATIO	ON at of working		16b. KINO	OF BUSINESS/	NDUSTRY	
<u> </u>	Elementary/Secondary (0-12)	College (1-4 or 5		te. Do NOT u	se retired.)		or or working					
린	12		EN	TREPR	ENEU	R			GENE	CRAL TR	ADE	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTHE	ER'S NAI	ME (First, Middle,	Maiden Surname)	
	EDACHERIL P. PAIL	·Υ					AC	CHAM	MA VA	RKEY		
BE	19a. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	S (Street a			Route Number, City		Zio Code)	
유	PAUL E. MATHEW	(SON)										,MD. 21043
	200 METHOD OF DISPOSITION		20h PLAC	E OF OISPO						OG. LOCATION		
	20a. METHOD OF DISPOSITION 14 Burial 2 Gremation 3 Remote A Donation 5 Other (Specify)	oval from State	CRES	TLAWN	CEM	FTFD						LLE, MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENGEE	- TOKES	TUMM			IO ADDRESS			MARKIU	TISAT	LLE, MD.
	101. 115/	/			Ľ	EROY	M. 8	RU	SSELL C	. WITZ	KE FU	NERAL HOMES
	K. Clai, Wichk	ch										MD. 21045
	23. PART I. Entar tha diseases, or o	complications the	t caused the	seath. Do								Approximate
	shock, or hasrt failure.	List only one car	ise on asch ili	18.								Interval Between Onset and Death
	iMMEDIATE CAUSE (Finel disesse or condition	. CEXO	Lyon	S.C.	Per	. /	2001	do	. —			10 hvs
	resulting in death)		OR AS A CONS			_	رحا	000	M			10/1/3
_			(. ,.							
EDICAL CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CONS	EOUENCE O	F):							
Ä	if any, leeding to immediate cause. Enter UNDERLYING	_										
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	EOUENCE O	F):							
F	resulting in death) LAST	4										
8												
A	PART II. Other significant condition						g cause gi	iven in	Part i. 24s. V	MAS AN AUTOP: PERFORMED?	3Y 24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
S	Congestive			rilu	re.	•				YES 2 W NO		COMPLETION OF CAUSE OF DEATH?
	Diabetes	mell	itus:							^		1 TES 2 NO
Σ.			1.00								- 1	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF DE	ATH (Ch	eck only one)			
S	EXAMINER?	HOSPITAL:	ED/Outs all and	a 🗆 pos	OTHE	B:						
¥	27. MANNER OF DEATH	1 Inpetient 2		28b. TIN		28c. IN.		Idence	6 Other (Spec		OCCUPED.	
	1 Natural 5 Pending	(Month, L		IN.	JURY	WC	PRK?		200. DEŞUNIBE	HOW INJUNT	OCCORED	
BY	2 Accident Investigation						YES 2	NO				
	3 Suicide 6 Could not be 4 Homicide determined	building	OF INJURY — At letc. (Specify)	home, farm,	street, fac	tory, offic	•		28t. LOCATION City or Town	(Street and Nun n, State)	ber or Rural	Route Number,
COMPLETED												
P	29a. CERTIFIER (Check only 1 CERTIFYING PHYSI	CIAN: To the best o	my knowledge,	death occurr	ed at the t	lime, date	and place,	and due	to the cause(a) a	ind manner as	stated.	
0	one) 2 MEDICAL EXAMINE	R: On the beals of s	xamination and/o	r Investigation	on, in my	opinion, o	leath occure	d at the	time, data and p	lace, and due t	the cause	(a) and manner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	R				_	29c, LICEI	NSE NUM	ABER	294.1	ATE SIGNE	O (Month, Day, Year)
H	A. mathews	m'D.					D	-	716	•		26-91
임	30. NAME AND ADDRESS OF PERSON WH	, ,	SE OF DEATH 41	FM 27) /3co	Print)		<u> </u>	~ 1	110		0 0	20 - 11
	ALEYAMMA T. D					REF	EDI	· k	DD /	DT- M	Val I	E-MD-21229
-	31. DATE FILED (Month, Day, Year)			TH UL	ער	NUL	UKI	7	KU. C	TIONS	VILL	4777
			AR'S SIGNATURE		t							
	JUI 3 1991	Suran	and wheel	APOR S								
			7									OHMH-18 Rev 1/89

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 4-1, nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE OF M	MARYLAND / DEPARTMI CERTIFICA	NT OF H	EALTH AND MEI	NTAL HYGIENE REG, NO.	31	10022
	1. DECEDENT'S NAME (First, Middle, Last)			2.	DATE OF DEATH MONTH DAY	YEAR	3. TIME OF OEATH
	Catherine Hooper Norris				6/24/91	YEAR	6:58 P M
	4, SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. last birthday) IF U	NDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign ntry)
ł	216-10-9229A ¹□™²\\XX	74 YRS.			7/19/16		
~	Se. FACILITY NAME (If not Institution, give street and number)	9b.	CITY, TOWN O	R LOCATION OF DEATH		9c. COUNTY OF	
DIRECTOR	305 W. Seminary Avenue		Baltim	ore (Lut	herville	Baltin	nore County
E C	10a. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ON			10d. INSIDE CITY LIMITS?
	Maryland Baltimore Co	ounty Bal	timore	(Lut	herville		1 YES 2 NO
FUNERAL	10e. STREET AND NUMBER		101.	ZIP CODE	1093	10g. CITIZEN O	F WNAT COUNTRY?
圆圆	305 West Seminary Avenu						
F	1 News Married 2 Married FORCES? 1	T EVER IN U.S. ARMED YES 2 NO	If yes, spe	ENDENT OF HISPANIC (cify Cuban, Mexican, P		BI	ACE — American Indien, ack, White, atc.
B≼	3. Widowed 4 Divorced	WAR OR DATES	1 TYES	2 NO Specify:	no	Sp	white
	15. DECEDENT'S EDUCATION	18a. DECEDENT'S USU			18b. KIND OF BUSI	NESS/INDUSTRY	,
<u> </u>	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5	(Give kind of work of life. Do NOT use reti	ed.)	at or working	1		
M M		Homemak	er				
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				(First, Middle, Maiden S	urnama)	
BE	William J. Hooper	12000			Fielding		
2	190. INFORMANT'S NAME (Type/Print) Donald Hooper Brothe		RESS (Street a	nd Number or Rural Rout	te Number, City or Town	State, Zip Code)	
	Donald Hooper Brothe	20b. PLACE OF DISPOSITIO	N /Name of cen	netery cremetory or	20c 1 OC	ATION — City or	Town State
	1 Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	other place)	is (Name or can	rotery, or entactory or	200. 200	And any or	
	The state of the s	.ld Wade, Dir	22. NAME AN	ID ADDRESS OF FACILI	TY COLVER	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	MY BOARD
	Amarine Malle	Ta made, Dil	655	W. Baltimo			
4	23. PART I. Enter the diseases, or complications the	at caused the deeth. Do not a					Approximate
	shock, or heart fallure. List only one ce		mer are mo	ae or aying, soon a	a cordino or respir	atory arrest,	Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	01.10 ST	roke				Oliset and Death
	resulting in death) a. Due To	O (OR AS A CONSEQUENCE OF):	0,000				
-							
CERTIFICATION	Sequentially list conditions, If any, leading to immediate	(OR AS A CONSEQUENCE OF):					
8	cause. Enter UNDERLYING						
E	that initiated events resulting in desth) LAST	O (OR AS A CONSEQUENCE OF):					
Ä	d.						
	PART II. Other algnificant conditions contributing to	deeth but not reaulting in the	e underlyin	g ceuse given in Pa	rt I. 24s. WAS AN. PERFOR		24b. WERE AUTOPSY FINGINGS AVAILABLE PRIOR TO
S	HISTORY OF PY	evious S	TYE	Re	1 TES 2		COMPLETION OF CAUSE OF DEATH?
ME	History Of A	Terrial de	Seas	e of le	55		1 _ YES 2 _ NO
PHYSICIAN: MEDICAL	, 0			0 1	/-		
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	l or	26. PI	ACE OF DEATH (Check	only one)		
YSI	1 TES 2 NO t Inpatient 2	☐ ER/Outpatient 3 ☐ DOA 4 [Nursing Hon	/ 4			
PH	27. MANNER OF DEATH 28a. DATE O (Month,	F INJURY Day, Year) 266, TIME OF INJURY	WC	PRIC?	8d. DEŞCRIBE HOW II	JURY OCCURED	
ΒY	2 Accident Investigation			YES 2 NO	81. LOCATION (Street a		and Device More has
	3 Suicide 6 Could not be building	OF INJURY — At home, farm, stree j, etc. (Specify)	t, rectory, offic	• 2	City or Town, State)	ina number or Hu	rei rioute Number,
ET	29e. CERTIFIER						
COMPLETED	(Check only						
00	2 MEDICAL EXAMINER: On the Busis of	examination end/or investigation, ii	n my opinion, i				
BE	296. SIGNATURE AND TITLE OF CENTURER	m .		29c. LICENSE NUMBI	240	29d. DATE SIG	NED (Month, Day, Year)
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CA	HEE OF DEATH ATTEN AT ALL	-01	8-100	77	0	0-11
		venview Road,		ville Mn	21093		
	31. DATE FILED (Month, Day, Year) a 32. REGISTE	IAR'S SIGNATURE		TITE, MD	21000		
	111 3 1991 Likia Daire	Irm- Rando Pes					

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OFFICE TO THE FUNERAL DIFFERENCE DE filed within 72 ho.

OF VITAL RECORDS, P.O. BOX 13146,

1	FOR STATE REGISTRAR	
ì	1. DECEDENT'S NAME (Firs	t, Mi
* ***	Paul	Ri
r		

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	1. DECEDENT'S NAME (First,	Middle Leet				10711		DEA		2. DATE OF D	EATU.		-	3. TIME OF DEATH
		Richard	d Mooli							MONTH	DAY		YEAR	
	4. SOCIAL SECURITY NUMBER		d Neali:	8. AGE (In yrs. les	d Industrial a	IF UNDE	D 4 WEAR	T INIDE	R 24 HRS.	7. DATE OF 8	27		91	9:00 a M
			1 × M 2 F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De)	y, Year)		Count	γ)
-	217-28-9007			57	THO.					August	1 1			Md.
~	9e. FACILITY NAME (If not in		reet and number)					OR LOCAT		EATH			TY OF D	
0	Residence of Dec					В.	Loom	ingt	on			G	arre	tt
2	10e. STATE	10b. COUNTY	,	-	10c. CD	Y, TOWN	OR LOCAT	MOI						10d. INSIDE CITY
=	101	0												LIMITS?
9	Md. 100, STREET AND NUMBER	Garr	ett		1	31oon		OII						
AA							101					10g. CITE		VHAT COUNTRY?
FUNERAL DIRECTOR	P.O. B	ox_323						215					US	
5	11. MARITAL STATUS 1 Never Married 2 X	Married		TEVER IN U.S. AR		13.				NIC ORIGIN? (Sp an, Puerto Rican		or No-	14. RACI Blaci	E American Indian, k, White, atc.
BY	3 Widowed 4 Divo		IF YES, GIVE V	Korean	War		1 YES	2 X NO	Specif	fy:			Spec	White
	15 DEC	EDENT'S EDUC	CATION		CEOENT'S	LIENIAL O	COLIBATIO	OM		405 6000	D OF BUS	NEGO WAR	A A D Toron	WILLE
	(Specify only	y highest grade	completed)	(G	ive kind of Do NOT u	work done	during mo		ing	TOO. KIN	D OF BUS	INESS/IND	USTRY	
2	Elementary/Secondary (0	1-12)	College (1-4 or 5	+)				***		Don	er M	onuf	antı	180
COMPLETED	17. FATHER'S NAME (First, M	Urirlin I anti		wes	stvac	O Ell	трто	_	TARROW NA	ME (First, Middle			actu	TE
			7 .					10. MOI	nen a NA				4 h N	lorel in
BE	19a, INFORMANT'S NAME (7	our Ne	alis	Lan		100000	0.404							lewlin
5	Josephi		lic							Route Number, C				
										ngton,				
	20a METHOD OF DISPOSITI		oval from State	20b. PLACE other pla	ece)							ATION —		
	4 Donation 5 Other 21. SIGNATURE OF JUNERA				PI	nilos		nete			We	ster	npor	t, Md.
	21. SIGNATURE OF TUNERA	L SERVICE LIC	101	. /		22.	Boa	l-Wai	rnic	k Funer	al S	ervi	Ce	
	1 nels	John !	W War	MUNCH										id. 21562
	23. PART I. Enter the d	iseases, or c	omplications the	at Caused the da	ath. Do	not anta								Approximate
			List only one car	use of sech line).									Interval Between Onset and Deeth
	IMMEDIATE CAUSE (Fir disease or condition		** .			3 1								
	reaulting in deeth)		. Venti	OR AS A CONSE	Ar:	rnyt n:	nmı	a						Minutes
-		_		emic He										Years
Ó	Sequentially list condit			(OR AS A CONSE			cas							Tears
CERTIFICATION	if eny, leading to imme ceuse. Enter UNDERLY		Нипо	ntencin	ο Λ.	ntor	1100	010	rot i	ia Can	dia	o Di	600	CA Unknown
F	CAUSE (Disease or Injuthat Initiated events	lry	DUE TO	(OR AS A CONSE	DUENCE O	F):	105	CIE	100	ic car	ura	בע ט	. sea	se Unknown
E	resulting in death) LAS	т	4											
S			0.											
MEDICAL	PART II. Other significa	int condition	a contributing to	death but not r	resulting	In the u	nderiyin	g cause	given in	Part I. 24a	PERFOR		241	WERE AUTOPSY FINDINGS
2										1	YES 2			COMPLETION OF CAUSE OF DEATH?
E I												CO.		1 YES 2 NO
IA	25. WAS CASE REFERRED T	O MEDICAL					28. P	LACE OF	DEATH (C)	heck only one)				
PHYSICIAN:	EXAMINER?		HOSPITAL:	ER/Outpatient 3	DOA	OTHE		ne B/CVB	lanidanca	8 Other (Sp	mattel		-	
¥	27. MANNER OF DEATH		26a. DATE OF	FINJURY	28b. TIR			JURY AT	anderice.	28d. DESCRIE		JURY OC	CURED	
		Pending	(Month, L	Day, Year)	IN	JURY M	1 🗆	YES 2	□ NO					
ВУ	a Date	Investigation	28e. PLACE (OF INJURY — At he	me, farm,	street, fac				28f. LOCATIO	N (Street a	nd Number	or Rural	Route Number
		Could not be determined	building	, etc. (Specify)	, , , , , ,		,				wn, State)	TO NOTIFIE	Gr FIGHER	rodio reprinde
COMPLETED	29e. CERTIFIER								_					
MP	(Check only		CIAN: To the best o											
00	X X MED	ICAL EXAMINE	H: Un the basis of	examination and/or	investigati	on, in my	opinion, o	death occu	ared at the	e tima, date end	place, end	due to th	te cause(s) end manner as stated.
ш	290. SIGNATURE AND TITLE	OF CHIEFFER	2/4	. 14	- 2	9)		29c. LK	CENSE NU			29d. DAT	E SIGNED	(Month, Day, Year)
9 0	Nerhert	14	a fee	ghlon	Ph	1		D	056	558		Ju	ine	27, 1991
2	36. NAME AND ADDRESS OF	F PERSON WH	O COMPLETED CAL	ISE OF DEATH (ITE	M 27) (Yes	s. Print)								
	Herbert	H. L	eighton	n, M.D.	, 0	ak 6	5 t	h S	tree	ets, 0	akl	and.	MD	21550
	31. DATE FILED (Month, Day,	Year)	32. REGISTR	AR'S SIGNATURE										
	JUL 0	3 1991	Julia	Davidson-A	andel	2_								

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	Page .)
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prime has find within 72 hours after death with the State Deot, of Health and Mental Hydiere prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE REGISTRAR	STATE OF MAI	CEF	RTIFICAT	EUF	DEATH		REG. NO).		
I. DECEOENT'S NAME (First, Middle, L JESSIE	M WRIGHT	PARSON				MONTH	2	78	OF SEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 227-70-5179 96. FACILITY NAME (If not institution, g	1 🗆 M 2 💢 F	AGE (In yrs. last bi	YRS. MONTHS		IF UNDER 24 HRS. HOURS MIN. OR LOCATION OF D	(Month	OF BIRTH (, Day, Year) 0-1950	Ta. 00	S. BIRTI Count	S.C.
	RIAL HOSPITA	AL.			RE, CITY					
Md 10b. CO	UNTY	1	Baltimo		ION					10d, INSIDE CITY LIMITS? 1 YES 2 NO
2812 Quantico Avenu	ue			101	21215			1000	S A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS OECEDENT EN FORCES? 1 1 IF YES, GIVE WAR	YES 2 NO	ED 13.	If yes, spi	ENDENT OF HISPA ecity Cuben, Mexico 2 NO Specia	an, Puarto I		es or No-	14. RAC Blac Spec	E — American Indian, ick, White, etc.
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)		(Give	DENT'S USUAL, O kind of work done o NOT use retired.)	e during mo-		16b	KIND OF BU	USINESS/IN	NDUSTRY	
17. FATHER'S NAME (First, Middle, Last John Jones)				16. MOTHER'S NA	AME (First, I		n Sumame)		
198. INFORMANT'S NAME (Type/Print) Leona Jones					nd Number or Rurel Avenue Al					
20a. METHOD OF DISPOSITION 1 (2) Buriel 2 Cremation 3 1	Removal from State		ND DATE OF DIS		(Name	739			- city or T stown	
4 ☐ Donation 5 ☐ Other (Specify)										
21. SIGNATURE OF FUYERAL SERVICE 23. PART I. Enter the diaeses,	March or complications that ca			Marci 430	no ADDRESS OF F/ h F/H West O Wabash da of dying, suc	Avenu		piratory a	rrest,	Approximata
21. SIGNATURE OF FUYERAL SERVICE 23. PART I. Enter the diaeses,	Mack or complications that cure. List only one cause Wide a.		h. Do not anta	Marci 430 ar the mo	h F/H West O Wabash da of dying, suc	Avenu		piratory a	errest,	Interval Betw
21. SIGNATURE OF PUMERAL SERVICE 23. PART I. Enter the disasses, shock, or heart falls IMMEDIATE CAUSE (Finel disease or condition	or complications that caure. List only one cause a. OUE TO (OR OUE TO (OR	on each line.	h. Do not anta	Marci 430 ar the mo	h F/H West O Wabash da of dying, suc	Avenu		piratory s	irrest,	Interval Betw
23. PART I. Enter the disasses, shock, or heart falls iMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications that caure. List only one cause a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR	R AS A CONSEQUE	h. Do not anta	Marci 430 ar the mo	h F/H West 0 Wabash da of dying, aud	Avenue ch as care	flac Or real	N AUTOPS:		Interval Betw Onset and Da
23. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond	or complications that cure. List only one cause a. OUE TO (OR c. DUE TO (OR d	R AS A CONSEQUE	ENCE OF):	Marci 4300 ar the mo	h F/H West O Wabash da of dying, suc O G couse given in	Avenue ch as card	24a, WAS A PERFC 1 YES	N AUTOPS:		b. WERE AUTOPSY FINDI MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
23. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 8 Pending	or complications that cure. List only one cause a. OUE TO (OR c. DUE TO (OR d	R AS A CONSEQUE R AS A CONSEQU	ENCE OF):	Marci 4300 ar the mo	h F/H West O Wabash da of dying, aud O C C C C C C C C C C C C	Avenue The as carre The carre Avenue The carre Avenue The carre The ca	24a, WAS A PERFC 1 YES	IN AUTOPS' PRMED? 2 NO	Y 24	b. WERE AUTOPSY FINDIN AMULABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
23. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO	or complications that cure. List only one cause a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d. Itione contributing to de AL HOSPITAL: 1 Inpution 2 Ele. DATE OF IN. (Month, Day, Ition the beliefing, sto	R AS A CONSEQUE R AS A CONSEQU	ENCE OF): ENCE OF): ENCE OF): DOA OTHE 4 No. 228b. TIME OF HIJURY	Marci 4300 ar the mo	M F/H West O Wabash da of dying, success G ceuse given in LACE OF DEATH (Come 5 Residence HURTY AT THES 2 NO	Avenue The as card The as car	24a, WAS A PERFC 1 YES 1 YES 1 (Specify) SCRIBE HOW	N AUTOPS PRIMED? 2 NO 4 INJURY O	Y 24	b. WERE AUTOPSY FINDIN AMULABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
23. PART I. Enter the disease, shock, or heart failing immediate cause. Enter UNDERLY in CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY in CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigat 28. Accident 3 Pending Investigat 3 Suicide 8 Could no determine	or complications that cure. List only one cause a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d. Itione contributing to de AL HOSPITAL: 1 Inpution 2 Ele. DATE OF IN. (Month, Day, Ition the beliefing, sto	R AS A CONSEQUE R AS A CONSEQU	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): A OTHER OF INJURY M En, farm, street, fa	Marci 4300 ar the mo	M F/H West O Wabash da of dying, success Q g ceuse given in LACE OF DEATH (C) TORY TURY AT TUR	Avenue The second of the seco	24a. WAS A PERFC 1 YES 1 YES 24TION (Street or Fown, State use(s) and muse(s)	IN AUTOPS' PRMED? 2 NO VINJURY O	Y 24 DOCCURED	b. WERE AUTOPSY FINDS AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
23. PART I. Enter the disease, shock, or heart failing immediate cause. Enter UNDERLY in CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLY in CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent cond 25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 8 Pending Investigat 28. Accident 3 Pending Investigat 3 Suicide 8 Could no determine	or complications that cure. List only one cause a. OUE TO (OR b. OUE TO (OR c. DUE TO (OR d HOSPITAL: 1	R AS A CONSEQUE R AS A CONSEQU	ENCE OF): ENCE OF): ENCE OF): ENCE OF): ENCE OF): A OTHE DOA 4 N. 20b. TIME OF INJURY M e, farm, street, fa	Marci 4300 ar the mo	M F/H West O Wabash da of dying, success Q g ceuse given in LACE OF DEATH (C) TORY TURY AT TUR	Avenue Avenue	24a. WAS A PERFC 1 YES 1 YES 24TION (Street or Fown, State use(s) and muse(s)	IN AUTOPS: PRIMED? 2 NO 7 INJURY Of tend Numbers) tend Numbers as a send due to	Y 24 DOCCURED ber or Rural stated,	b. WERE AUTOPSY FINDIN ANAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

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BALTIMORE, MARYLAND 21215-0020	mding a	as the 1	
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EC	quires	n signed	IOWS a
AL REC	e law requires	has been signed Dept. of Health	23 shows a
VITAL REC	IAN: The law requires	rtificate has been signed to State Dept. of Health	or item 23 shows a
OF VITAL REC	PHYSICIAN: The law requires 1	this certificate has been signed with the State Dept. of Health	rked, or item 23 shows a
SION OF VITAL REC	INDING PHYSICIAN: The law requires 1	R: After this certificate has been signed at death with the State Dept. of Health	is marked, or item 23 shows a
IVISION OF VITAL REC	OR ATTENDING PHYSICIAN: The law requires 1	IRECTOR: After this certificate has been signed rurs after death with the State Dept. of Health	em 28 is marked, or item 23 shows a
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires	ERAL DIRECTOR: After this certificate has been signed in 72 hours after death with the State Dept. of Health	T. If Item 28 is marked, or item 23 shows a
DIVISION OF VITAL REC	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending productions.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral and the filled within 72 hours after death with the State Debt. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPART			MENTA	REG. NO.				
1. DECEDENT'S NAME (First, Middle, Last) Anita	PANNONI				MONTI	OF DEATH	1	AR	TIME OF DEATH	
414-30-9/04	1 🗌 M 2 💢 F	89 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	May	of BIRTH	2 (Country)	Italy	
96. FACILITY NAME (If not institution, give stre Franklin Square Ho	,			Ville	EATH		Balti			
RESIDENCE OF DECEDENT 100. STATE 100. COUNTY Maryland		town on Locat		-		1	d. INSIDE CITY LIMITS?			
100. STREET AND NUMBER 5406 Omaha Ave.			101	21206			iog. CITIZEN		T COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES	2 XNO	If yes, sp	ENDENT OF HISPAI city Cuban, Mexica 2 NO Specifi	in, Puerto			BACE -	American Indian, India, etc. White	
15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12) 12 yr; S		life. Do NOT use	rk done during mo	DN st of working	16b	, KIND OF BUSIN	ESS/INDUST	'RY		
17. FATHER'S NAME (First, Middle, Lest) Fausto	Ma	ariani		18. MOTHER'S NA			mame) JNKNOW	IN		
190. INFORMANT'S NAME (Type/Print) Mrs. Rose Ferrand		19b. MAILING A	as #10	nd Number or Rural						
20s. METHOD OF DISPOSITION 1A Burlat 2 Cremation 3 Remote Donation 5 Other (Specify)		b. PLACE AND DATE Of cemetary, crematory of Druid Rid	of Disposition other placa)	(Name 7/5/9	DAT		mon-cmy Baltim			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. Paul L Hartsock, Jr. Leonard J. Ruck, Inc. 5305 Harford Rd.										
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reapiratory shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Bilateral Pneumonia DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Batwee Onset and Dea	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
PART II. Other algnificant conditions	contributing to death	hut not resulting in	the underlyin	n ceuse given in	Part I	24a, WAS AN A	moesy	246 W	ERE AUTOPSY FINDING	
Congestive Heart Anemia		out not resulting in	the underlyin	g couse given in		PERFORM 1 TYES 2	ED?	AA CI OI	MILABLE PRIOR TO OMPLETION OF CAUSE F DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26, P	ACE OF DEATH (C	heck only o	ne)				
1 🗌 YES 2 🗷 NO 27. MANNER OF DEATH	1 St Inpatient 2 ER/Out		I ☐ Nursing Hon	e 5 Residence		or (Specify) SCRIBE HOW IN.	Hey Occile	ED		
1 🔀 Natural 5 🗌 Pending 2 🔲 Accident Investigation	(Month, Day, Year)	INJU	M 1 🗆	URY AT DRK? YES 2 NO	200.00	ÇONIDE NOW IN	on occor		300	
3 Suicide 8 Could not be 4 Homicide determined	26a. PLACE OF INJUR building, etc. (Spi	IY — At home, farm, st ecily)	reet, factory, offic	•		CATION (Street and or Town, State)	d Number or	Rurel Rou	te Number,	
(Orlean drilly	ZAN: To the best of my kno							ause(s) s	nd manner as stated.	
29h. SIGNATURE AND TITLE OF GERTINEN	Grefor	10		D3 Y	77/		29d. DATE S	IGNED (M	forth, Day, Year)	
80. NAME AND ADDRESS OF PERSON WHO RUDOLPH C. Cane, M.				VA Dol+	more	Mazzela	יר המו	227	,,,,,,	
31. DATE FILED (Morith, Day, Year)	32. REGISTRAR'S SIG			ve part	TINTE	:, rolly lo	u <u>ru 21</u>	431		

TAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within c_{∞} vours after death. Page 6 may be retained by the hospital or attending physician.	AL DRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit. Pages 1, 2. 3 should be detached for use as the burial-transit permit.	If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHY	TO THE FUNERAL DIRECTOR: After this	IMPORTANT: If Item 28 is marked

30. NAME AND ADDRESS OF PERSON Dr. John Shaw

31. PATE FILED (M3"1991")

FOR STATE	STATE OF MA	RYLAND /	DEPAR	TMENT OF H	EALTH AND I	MENTAL HYGIEN	E	18026		
REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last)	ANNA	UE.	Him	ROWSS		PEG. NO 2. DATE OF DEATH MONTH 6-18-91		3. TIME OF DEATH 11:53 P		
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (in yrs. lest	birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-1-1904		BIRTHPLACE (State or Foreign Country) Maryland		
96. FACILITY NAME (If not institution, give str 14 South Tremont					r Location of Di cimore	EATH	9c. COUNTY	of DEATH na		
10e. STATE MD 10b. COUNTY	na		10c. CIT	y, TOWN OR LOCAT Balt	imore			10d. INSIDE CITY LIMITS? 1 X YES 2 NO		
100. STREET AND NUMBER 14 South Tremon	t Road			101	ZIP CODE 212	29		OF WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS OECEOENT E FORCES? 1 _ IF YES, GIVE WAR	YES 2 NO		If yes, spe		NIC ORIGIN? (Specify Year, Puarto Rican, atc.) y: NO		RACE — American Indian, Black, White, etc. Specify: White		
15, DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	(Gh	e kind of v Do NOT us			16b. KIND OF BU	siness/indust	TRY		
17. FATHER'S NAME (First, Middle, Last)				retired	18. MOTHER'S NA	ME (First, Middle, Maider		55		
19a. INFORMANT'S NAME (Type/Print) Mrs Major	Niece					Route Number, City or Ton				
20s. METHOD OF DISPOSITION 1		20b. PLACE Cother pla	OF OISPOS	SITION (Name of cer	netery, cremetory or	20c. L(OCATION — City	or Town, State		
21. SIGNATURE OF FUNERAL SERVICE LICENSEE JOSEPH VAIISANT 22. NAME AND ADDRESS OF FACILITY State Anatomy Board 655 W. Baltimore St., Balto., MD 21201										
23. PART I. Enter the diseases, or cahock, or heart feilure.				not enter the mo	de of dying, suc	ch as cerdiec or reep	olratory arrest	Approximete Interval Betwee Onset and De		
disease or condition resulting in death) Sequentially list conditions,	CUF	AS A CONSECUTION AS A C	HV	perte	nsive	e ASCO	1D			
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (O	OR AS A CONSEC	PUENCE O	F):						
PART II. Other significant condition	a contributing to d	eath but not re	esulting	in the underlyin	g ceuse given in	Part I. 24a. WAS A PERFC	N AUTOPSY DRMED? 2 P NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	LACE OF DEATH (C	heck only one) e Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF III	(Year)		ME OF 28c. IN. WY	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW				
3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYSI	building, et	tc. (Specify)		atreet, factory, office		26f. LOCATION (Stree City or Town, Stat	(e)			
(Chick only	ER: On the basis of exa				death occured at th	e time, data and place,	and due to the o	cause(a) and manner as state		
200. SIGNALONE AND ITTEROF CENTIFIE	Illia	Vhid	9		29c. LICENSE NU	1967	Þ 6	15/91		

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
5800 Edmondson Avenue, Catonsville, MD

32 BEGISTRAR'S SIGNATURE
L'ANGSON-Randelle

21228

BALTIMORE, MARYLAND 21215-0020

hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after charth with the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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redu	of h	shows any injury, or other traumatic event, the medical examiner must be
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 3 mains after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the furth within 72 hours after death with the State Degt, of Health and Mental Hygiene prior to burial, cremation, or removal.	200
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	FOR 1 . STATE	STATE OF MAR				MENTAL HYGIEN		1 18027
- 1	REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO		
	1. DECEDENT'S NAME (First, Middle, Les MICHAEL ANTHO	NY REYNOLDS				7 1	9	3. TIME OF DEATH
5	4. SOCIAL SECURITY NUMBER NONE	5. SEX 1 1 M 2 F	AGE (In yrgl. last birthday) 27 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 9-22-63		CANADA
OR	98. FACILITY NAME (If not institution, give ST. AGNES HOSP)				ORE CITY	EATH	9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT							Train water
DIRECTOR	10a. STATE 10b. COU	ARIO PROVINC		TY, TOWN OR LOCA SSISSAUG				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 1665 SHERWOOD FO	ORREST CIRCI	Æ	10	1. ZIP CODE L5K	2G8	10g. CITIZEN	OF WHAT COUNTRY?
BY FUNI	11. MARITAL STATUS 1 Wever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 I	YES 2 STO	If yes, s		HC ORIGIN? (Specify Yen, Puarto Rican, etc.)	s or No— 14.	RACE — American Indian, Black, White, etc. Specify: BLACK
COMPLETED	15. DECEDENT'S E (Specify only highest gr. Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT	s usual occupation work done during muse retired.)	ost of working	16b. KIND OF BU		RY
M		4yr.	LEGFESS	TONAL AI				
8	17. FATNER'S NAME (First, Middle, Last)	CANOT DC			The second second	ME (First, Middle, Maider	Surname)	
BE	LINCOLN M R	EYNOLDS				L. FOSTER		
0	19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tox		DOIL FOO
F	LINCOLN M. REYN	OLDS	1665	Sherwood	Forrest	Cir., Miss	sissaug	a,Ontario,Cana
	20a. METHOD OF DISPOSITION 1 1 Burial 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from Stata	of cemetary, cremator GLEN OAK	TE OF OISPOSITION by or other place) MEMORIA	N (Name L GARDEN	1	OCATION — City ONTARIO	or Town, Btate , CANADA
	21. SIGNATURE OF FUNERAL SERVICE		1	HOWAF 4107	WILKENS	BARD FUNER AVE, BALTI	MORE,	MD. 21229
4	23 PART I. Enter the diseases, ahock, or heart fellul iMMEDIATE CAUSE (Final disease or condition	complications that care. List only one cause	on each lina.					Approximata Interval Between Onset and Death
	resulting in deeth)	e. DUE TO (OR	AS A CONSEQUENCE	Cula OF):	raci	cident		30 hr
CERTIFICATION	Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	b	AS A CONSEQUENCE	OF):				
ERTIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	OUE TO (OR	AS A CONSEQUENCE	OF):				
	PART II. Other aignificant condit	ione contributing to de	ath but not requiting	In the underlyle	ag cause given in	Part i. 24s, WAS A	MAUTODEV	24b. WERE AUTOPSY FINDINGS
MEDICAL	none	contributing to des	an bat not reading	, in the underlyi	ng cause given in	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
						_		1 TYES 2 NO
M	25. WAS CASE REFERRED TO MEDICAL				PLACE OF DEATH (C)	neck only one)		
S	EXAMINER?	HOSPITAL:	NOutpatient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)		
Y PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJ (Month, Day,	IURY 28b. Ti	NJURY	JURY AT PORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUP	ED
TED BY	2 Accident Investigation 3 Suicide 8 Could not 4 Homicide datarmined	28e. PLACE OF IN building, atc.	IJURY — At home, farm (Specify)	, street, factory, off	ice	281. LOCATION (Stree City or Yown, State		Rural Route Number,
COMPLET	(cool)	IYSICIAN: To the best of my						suse(s) and manner as stated.
BE	290, SIGNATURE AND TITLE OF CENT	Qalla	eer. M	0	29c. LICENSE NU	MBER 7 8 4	29d. DATE S	IGNED (Month, Day, Year)
5	L. GALLAGER	WHO COMPLETED CAUSE OF AGA	DES MED.C	PR WILL	CEUS - PII	VE HTS, B	ALTO, A	10 21229

31. DATE FILED (Month, Day, Year)

JUL 3 199

Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR STATE REGISTRAR	STATE OF M	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HY
ECEDENT'S NAME (First, Middle, Last) Regina	E. Rei	singerRegi	na E. Re	eisinger	2. DATE OF DE
OCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day,

FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC				IENE . NO.	
1. DECEDENT'S NAME (First, Middle, Last) Regina	Reisin	ge Regin	a E. Re	isinger	2. DATE OF DEA	TN DAY 9	SAR GAM M
0 - 16 10100	SEX 8. AGE (,	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye	0-12	BIRTHPLACE (Stote or Foreign Country) Maryland
90. FACILITY NAME (If not institution, given street Church Home Hosp		9	b. CITY, TOWN C	Baltme	ore	9c. COUNTY	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	ION 211	IMO CO		10d, INSIDE CITY
10a. STREET AND NUMBER	- A-1-		101	ZIP CODE	more	10g. CITIZEI	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	WAS DECEDENT EVER IN FORCES? 1 VES IF YES, GIVE WAR OR DO	2 X NO	If yes, sp	ENDENT OF NISPAI ecity Cuban, Mexica 2 NO Specifi	n, Puerto Rican, el		RACE — American Indien, Black, White, etc. Specify: White
15. DECEDENT'S EDUCAT (Specify only highest grade con Elementary/Secondary (0-12)			BUAL OCCUPATION Address of the done during more restrict.)	ON st of working	18b. KIND C	OF BUSINESS/INDUS	TRY
17. FATNER'S NAME (First, Middle, Lest) VICTOR	Ε.	Burc	h	18. MOTHER'S NA	ME (First, Middle, A	telden Surname) Gate	alv
19a. INFORMANT'S NAME (Type/Print) Philip G. Reisinge		19b. MAILING A	DDRESS (Street a	nd Number or Rural	Route Number, City	or Town, State, Zip Co	ode)
20a. METNOD OF DISPOSITION 1 № Buriel 2 □ Cremetion 3 □ Ramove	201	p. PLACE AND DATE Cometary, crematory or EW Cathedr	F DISPOSITION			nore, Md.	y or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICEN		EARDest 1	22. NAME A	3/91 ND ADDRESS OF FA	Balt	imore, Mo	re, Maryland d. 21214 Harford Road
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):		hocydr	ma		Onset end Death
PART II. Other algnificant conditions of	ontributing to deeth b	out not resulting in	the underlyin	g ceuse given in	P	AS AN AUTOPSY ERFORMED? YES 2 100	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 AD
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. P	LACE OF DEATH (C	neck only one)		
	□ Inpatient 2 □ ER/Outs 28a, DATE OF INJURY (Month, Day, Year)		OF 28c. IN.	IURY AT DRK?		(y) NOW INJURY OCCU	RÉD
1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, ferm, str	M 1 🗆	YES 2 NO	281. LOCATION (Street and Number or	Rural Route Number,
4 Nomicide determined		u., y,			Only or lown	, Otato)	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER:	N: To the best of my know						i. cause(s) and manner as stated.
(Check only	On the beals of exemination	n and/or investigation,	, in my opinion, o		time, date and pl	ace, and due to the	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1 - FOR STATE OF REGISTRAR	MARYLAND C	/ DEPAR					MENTAL	HYGIENE REG. NO.			
1	1. DECEDENT'S NAME (Flist, Middle, Last) Anders John		-					2. DATE O	01 -9	1	YEAR	3. TIME OF DEATH 8:10 PM
	4. SOCIAL SECURITY NUMBER 757-74-2005 1 ☑ M 2 □ F	6. AGE (In yrs.	5 YRS.	IF UNDER	DAYS	IF UNDER	MIN.		F BIRTH Day: Year) 01 1 9		Aus	stralia
TOR	9a. FACILITY NAME (If not institution, give atreet and number) 2351 Sorrel Court RESIDENCE OF DECEDENT	21209)			tim	on of de	EATH		9c. COU		DEATH
DIREC	10a. STATE 10b. COUNTY Maryland		10c. CIT	Y, TOWN O		tim	ore					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 2351 Sorrel Court					ZIP COD				200	IZEN OF	WHAT COUNTRY?
BY FUNERAL DIRECTOR	1 N Neural Married 2 Married FORCES?	INT EVER IN U.S. A 1 YES 2 WAR OR DATES			f yes, sp	city Cubi		n, Puarto R	(Specify Yea ican, etc.)	or No—	14. RAC Blac Spec	E — American Indian, ik, White, etc. #/y: White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 1)		DECEDENT'S (Give kind of life. Do NOT u	usual oc work done of se retired.)	during mo	N st of worki	ng	16b.	KIND OF BUS	iness/ini	DUSTRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Wolfgang G. Sievers					В	rita	a Kl	arich	1		
2	19a. INFORMANT'S NAME (Type/Print) Brita Sievers		2351	Sor	rel	. Ct	., I	Balt	or, City or Town	D 2	120	9
	20a. METHOD OF CISPOSITION 1 Burial 2 💢 Cremation 3 🗆 Ramoval from State 4 🗆 Donation 6 🕒 Other (Specify)	Me t	CE AND DAT	rema	tor	у,	Inc	. 7/	20c.100 5 Bal	cation — .tim	ore	own, Stata , MD
	21. SIGNATURE OF PUNERAL SERVICE MCENSEE George E. MacNabb			C	ren	ati		Soci	ety o			land , MD 21228
CERTIFICATION	cause Enter UNDERLYING CAUSE (Disease or Injury		plassing and plass	hos p: ncwo		-						Approximate Interval Between Onset and Death
BY PHYSICIAN: MEDICAL CE	PART II. Other algnificent conditions contributing							Part I.	24e. WAS AN PERFOR 1 YES 2	MED?	24	b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inpatient 2	! ☐ ER/Outpatient	3 🗆 DOA	OTHEI	R:		Continue of	6 Other				
зу РНУ	27. MANNER OF DEATH 1 X Netural 5 Pending 2 Accident Investigation	OF INJURY Day, Year)	26b. TII	ME OF JURY M	WC	URY AT ORK? YES 2	_ NO	28d. OE\$	CRIBE HOW I	NJURY O	CCURED	
	3 Suicide 8 Could not be determined 28e. PLACE building	OF INJURY — At ig, atc. (Specify)	home, farm,	street, fact	tory, offic	•			ATION (Street a or Town, State)	and Numbe	er or Rural	Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best one) 2 MEDICAL EXAMINER: On the basis of											(e) and manner as stated.
TO BE C	30. NAME AND ADDRESS OF PERSON WHO COMPLETED C.	AUSE OF OFATH (ITEM 27) /šm	o Dulant)		29c. LIC	ENSE NU	MBER	7	29d, DA	TE SIGNE	g (Month, Day, Year)
	Joseph A. Nkwanyuo,	West Service A.	3100		man	us]	jane	. I	Balti	more	e. <u>I</u> V	ID 21207
	JUL 0 3 1991 Jul	a Davidson	Rande	R.								OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	n 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burlal-transit gaton, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit p be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

ermit. Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First, Middle, L	ast)								OF DEATH			3. TIME OF DEATH
	Anna	belle		5	Sterr	ett			Ju	ne 30	, 199	YEAR	8:38pm м
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le 7 4	st birthday)	IF UNDER	DAYS	IF UNDE	R 24 HRS. MIN.	7. DATE (F BIRTH 7		8. BIRTHI Country	PLACE (State or Foreign
	218-05-2084		74	Tho.	AL CITY	TOWN	201004	TION OF DI		1 1/		NEW OF D	PA.
DIRECTOR	Maryland Gene	ral Hospi	tal					e Cit			9e. C00	NTY OF DE	AIR
5	RESIDENCE OF DECEDENT 10e, STATE 10b, CO			I the CIT	Y, TOWN O	B I OCA	MON						10d. INSIDE CITY
	MD			100				CITV					LIMITS?
	10e. STREET AND NUMBER		-	DF	LTI		. ZIP COI				10a, CIT	IZEN OF W	HAT COUNTRY?
H	1027 CATHE	DRAL ST.	APT-1	0 (L	.)		2	1201			2000	ISA	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. A 1 YES 2/1 WAR OR DATES	RMED NO	B)	f yes, sp	ecify Cut		n, Puerto R	? (Specify Yellican, etc.)		14. RACE	- American Indian, , White, atc.
	15, DECEDENT'S	EDUCATION	16a. D	ECEDENT'S	USUAL OC	CUPATI	DN		16b.	KIND OF BU	SINESS/INI	DUSTRY	
COMPLETED	(Specify only highest selementary/Secondary (0-12)	College (1-4 or 5	5 +)	Give kind of to Do NOT u	se retired.)			ding					
5	17. FATHER'S NAME (First, Middle, Las)					_	THER'S NA	ME (First, A	liddle, Meiden	Surnama)		
	BENJAMIN H	. PIPER						ARLE		PETER			
BE.	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILING	ADDRESS	(Street				er, City or Tow		Code)	
2	CORETHA FE	NNER		1514	FUT	AW	PI	APT-	102	BALT	IMOF	RE.	MD. 21217
	20a. METHOD OF DISPOSITION 1\(\lambda\) \(\frac{\partial}{\partial}\) \(\frac{\partial}{\partial	Removal from State	20b. PLAC	E AND DAT	e of DISPI	DSITION	(Name		TER	20c. LC	WNS	City or To	vn, State
	21. SIGNATURE OF FUNERAL SERVICE	E LICENSES	7		_			ESS OF FA	_	TORO	WIND	1166	L, MD.
	> France	-13	-5		WH	M.C	. M	ARCH	1 F.H	1. 11	01 E	E. N	ORTH AVE.
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Chro	hemic Co TO (OR AS A CONS TO (OR AS A CONS TO (OR AS A CONS	al Fa	illur PF:	e							Onset and Death
Ä		d											-
MEDICAL	PART II. Other algnificant cond	itiona contributing (to death but not	reauiting	In the un	deriyir	g cause	given in	Part I.	24a. WAS AV PERFO XX YES Yes	RMED?	24b.	WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? **XYES 2 NO
PHYSICIAN:					100								yes
3	25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:			OTHER		LACE OF	DEATH (C/	heck only on	0)			
2	1 YES 2XXND 27. MANNER OF DEATH	44 .	ER/Outpatient	_				Residence	8 Othe	1.7	W. H. III.	NOUDED.	
ВУ РН	12 Natural 5 Pending 2 Accident Investige		Day, Year)	28b. Til	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DES	CRIBE HOW	INJURY OC	CURED	
	3 Suicide 6 Could no 4 Homicide determin	t be buildin	OF INJURY — At I ig, atc. (Specify)	home, farm,	street, fact	lory, offi	ce			ATION (Street or Town, State		or or Rural f	loute Number,
COMPLETED	TOTALK OTHY	PHYSICIAN: To the best) and manner as stated.
IO BE C	29b. SIGNATURE AND TITLE OF CENTER OF THE STATE OF T	layl	FIM	1.0	1				/a			E SIGNED	(Month, Day, Year)
	Nuhad Kulay	at, M.D.	HAR'S SIGNATURE	C/O N	larv1	and	Con	eral	Uo o=	44-4	2	/	
	31. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE	-		DILL	Gen	cial	поѕр	гаг	5	- 1	
	JUL 9	1991 9	relia Davide	on-No	man.								

991

9c. COUNTY OF DEATH

DAY

JUNE

7-16-07

7. DATE OF BIRTH (Month, Day, Year)

3. TIME OF DEATH

35

8. BIRTHPLACE (State or Foreign

4. SOCIAL SECURITY NUMBER

553 12 1448

9s. FACILITY NAME (If not institution, give street and number)

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

HOURS

9b. CITY, TOWN OR LOCATION OF DEATH

A.

VRS

6. AGE (In yrs. last birthday)

PAULINE

SMEED

5 SEX

1 M 2 XX

BALTIMORE, MARYLAND 21215-0020

	2 hou
90,	within
(687	executed
6	8
.O. B(certificate
۵,	death
ä	the
OR	that
REC	requires
	ME
TA	The
OF VI	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 hour
5	OR

Pages 1, 2, 3 should Sururban Hospital Bethesda DIRECTOR Montgomery Co RESIDENCE OF DECEDENT 10s. STATE 10c. CITY, TOWN OR LOCATION 10b. COUNTY 10d. INSIDE CITY 1 YES 2 NO MD Mont Co Bethesda FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4541 Windsor Lane 20814 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, Whits, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO s, specify Cubsn, Maxican, Puerto Rice 1 Never Married 2 Married 1 YES 2 NO Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) WashDC School System Retired once. 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) Ħ BE Claudia notified 19s. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 George Mishtowt Friend 9 20s. METHOD OF DISPOSITION 28h PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, Stats DATE must 1 Burisi 2 Cremetion 3 Removal from State other (Specify) in state examiner ATCHE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ronald Wade, Dir in by the funeral d removal. STATE ANATOMYY BOARD /1/91 655 W. Baltimore St, Balto., MD 21201 medical 21 Part I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, Approximete shock, or heart feilure. List only one cause on each line Interval Between 8 Onset end Death **IMMEDIATE CAUSE (Finel** completely filler irial, cremation, the disease or condition as trojute event. resulting in death) # DUE TO (OR AS A CONSEO and com traumatic CERTIFICATION Sequentially list conditions, has been signed by the attending physician an Dept. of Health and Mental Hygiene prior to if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events other 1 resulting in death) LAST 6 Injury. PART II. Other aignificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL shows any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? 1 TYES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) Item After this certificate I death with the State HOSPITAL: OTHER: 1 - YES 2 100 lient 2 ☐ ER/Outpatient 3 ☐ DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 4 - Nursing Ho 6 27. MANNER OF OEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT 28d, DESCRIBE HOW INJURY OCCUREO marked, 5 Pending Investigation 1954 Natural 1 YES 2 NO BY 2 Accident 3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) ETED -00 a Could not be determined FUNERAL DIRECTOR: vithin 72 hours after o 4 Homicide 28 item OR O 11 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, dats and place, and dus to the cause(s) and manner as stated. COMPL HOSPITAL = TO THE HOSPITA
TO THE FUNERAL
De filed within 72
IMPORTANT: If 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated 29b. SIGNATURE AND TITLE OF ICERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 2060 23,1821 un. Dan's 5 HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) M 1040101d Georgetrum KENNER 32. REGISTRAR'S SIGNATURE 199 DHMH-16 Rev 1/89

TO HE FILE TOWN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be in a small permit and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It is a set is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

STATE OF MARYLAND / DEPARTMENT OF HEALTH /	AND MENTAL HYGIENS
CERTIFICATE OF DEAT	H REG. NO.

	1 - STATE STATE OF ST		DEPARTMEN			ENTAL HYGIENE REG. NO.		
		HENRY SP	ENCER-ST	RONG		2. DATE OF DEATH DAY JUNE 28,	1991	М
į	4. SOCIAL SECURITY NUMBER 214-01-7357 1 □ M 2 □ 9e. FACILITY HAME (If not institution, give street and number	00	YRS. MONTH	S DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) March 16,	Co	RTHPLACE (State or Foreign unity) Ohio
TOR	Charlestown Retirement		30. 0		sville,			imore
FUNERAL DIRECTOR	MARYLAND Baltimore	9	10c. CITY, TOW	N OR LOCATIO				10d. IHSIDE CITY LIMITS? 1 YES 2 X NO
ERAL	715 Maiden Choice Land)		101. 2	21228			F WHAT COUNTRY?
BY	1 Never Merried 2 Merried FORCES?	EDEHT EVER IH U.S.A. 1 YES 2 X IVE WAR OR DATES	RMED 1	If yes, speci		C ORIGIH? (Specify Yee , Puerto Rican, atc.)	В	ACE — American Indien, lack, White, atc. pecify: White
COMPLETED	15. DECEDEHT'S EDUCATIOH (Specify only highest grade completed) Elementery/Secondery (0-12) College (1-4 5 +	or 5 +)	ECEDENT'S USUAL Give kind of work do e. Do NOT use retire CE Pres.	ne during most d.)	of working	166. KIND OF BUS	o Corp.	Υ
BE CON	17. FATHER'S HAME (First, Middle, Lest) William Henry Spencer				Rena	Harper		
2	Dr. William H. Spencer	-Strong	1308 Ain	tree R	d. Tows		21204	
	20e. METHOD OF DISPOSITIOH 1 Burlel 2 Cremetton 3 Removal from Sta 4 Donation 5 Other (Specify)	20b. PLACE officer p	Druid	d Ridge	e Cemete	ry Pi	kesvil	
	21. SIGNATURE OF TUNERAL SERVICE LICENSEE	sed ,	1 `			efeld Home Baltimor		21212
CERTIFICATION	Sequentisily list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events		EQUENCE OF):		e of dying, such	ss cardlec or respl	ratory srrest,	Approximate interval Between Onset and Death
	PART II. Other eignificent conditions contribution	ng to deeth but not	resulting in the	underlying	csuse given in	PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDICAL						1 TYES 2	(C)	OF DEATH? 1 YES 2 NO
/SICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO HOSPITA 1 Inpetier	L: t 2 - ER/Outpatient		IER:	CE OF DEATH (Che	6 Other (Specify)		
ВУ РН	1 Netural 5 Pending 2 Accident Investigation	TE OF INJURY onth, Day, Year)	28b. TIME OF INJURY	1 .0	RY AT K? ES 2 HO	28d. DESCRIBE HOW 1		
	4 Homicide determined	ACE OF INJURY — A1 I Iding, etc. (Specify)	nome, farm, atreet,	factory, office		281. LOCATION (Street of City or Town, State)	and Number or Ru	ral Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIHER: On the bes							zse(e) and manner ea stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	m			29c. LICENSE NUN カフィ	10/3	≥ 6 /	NED (Month, Day, Year)
۲	30. HAME AND ADDRESS OF PERSON WHO COMPLETE Gary Appelbaum, M.D.	CAUSE OF DEATH (IT	PA Cara	1 m (horca	(0/3	7 /17	2 /
	31. DATE FILED (MONTH, Day, Yber) JUL 0 3 1991 Julia Da	HOLDON-HOND	BC.					

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1 -

	E. DEOLDERT STRAME (FAS, III	LEANO	R CROSS	STEU	ER				MONTH 6	28		YEAR O	5:02P M
	4. SOCIAL SECURITY NUMBER		5. SEX		yrs. last birthde		ER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF E	HRTH		6. BIRTHPL	ACE (State or Foreign
	220-07-9238		1 🗆 M 2 💢 F	85	YRS	MONTH!	DAYS	HOURS MIN.	(Month, De	y. 16ar) 28–05		Mary	land
	9a, FACILITY NAME (If not instit	tution, give s	treet end number)			9b. CI	TY, TOWN (R LOCATION OF DE	ATH		9c. COUNT	TY OF DEAT	ГН
DIRECTOR	Lorien Fran	kfort	N.H.			Ba	ltimo	re				N/A	
<u> </u>		Ob. COUNTY	<u> </u>		10c.	CITY, TOW	OR LOCAT	TON				10	od. INSIDE CITY
듬	Maryland	N/A				Bal	timor	e				1)	LIMITS?
AL	10e. STREET AND NUMBER						101	. ZIP COOE			10g. CITIZ	EN OF WH	AT COUNTRY?
FUNERAL	620 Colorad	o Ave						21210			USA		
5	11. MARITAL STATUS 1 Never Married 2 M	arried	12. WAS DECEDEN FORCES? 1	YES	X X NO	1	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexica	n, Puerto Ricai	pecify Yea n, etc.)	or No-	Black, V	- American Indian, Yhita, etc.
B	3√X Widowed 4 □ Divorce	ed	IF YES, GIVE V	AR OR DAT	ES		1 TYES	NO Specify	r:			Specify:	White
COMPLETED	15. DECED (Specify only h	DENT'S EDU			18a. DECEDEN	of work don	ne durina ma	ON set of working	18b. KIN	ID OF BUS	INESS/INDU		
9	Elementary/Secondary (0-12		College (1-4 or 5	+)	Iffe. Do NO	T use retired	1.)	•					
MP	1.2 17. FATHER'S NAME (First, Midd				Tell	Ler			1111		Banki	ing	
								18. MOTHER'S NA					
BE	John Hoff 19a. INFORMANT'S NAME (Typ)				19b. MAIL	ING ADDRI	ESS (Street e	nd Number or Rural	rence	_		Code)	
은	Walter W. B	azzle			4410	Nort	hwood	ls Trail	Hampst	ead	Marvl	land	21074
	20a. METHOD OF DISPOSITION	N	-,-	20b.				metery, crematory or			CATION — C		
	4 Donation 5 Other (S	Specify)			Dulane	<u> </u>		Mem. Gar		Luth	ervil	lle,	Maryland
	21. SIGNATURE OF FUNERAL	42 KOV	Kena	Ry		2	2. NAME A	ND ADDRESS OF FA	ciuty .tchell	L-Wie	defe1	Ld Ho	me
	Dennis	Steph	en Xenak	is			6500	York Roa	d Balt	imor	re, Ma	aryla	nd 21212
	23. PART I. Enter the disc shock, or hee		complications the List only one cer			o not en	ler the mo	de of dying, suc	h as cardiac	or respi	ratory arre	est,	Approximate Intervel Between
	IMMEDIATE CAUSE (Fine disease or condition	1	Λ.	1-		1	1 1	.1 50					Onset and Death
	resulting in death)		s. COM	YOR AS A	CONSEQUENC	E OFI:	7 12	rilure					
_			, Pushable	Ser	rik A	emlo	tin o	rilure f Alzhe	ine	s Ti	De		
은	Sequentielly liet condition if any, leeding to immediate	ete				E OF):			77	7			
CERTIFICATION	ceuse. Enter UNDERLYIN CAUSE (Disesse or injury		·	whit.	CONSEQUENC	E 0E):							
	that initiated events resulting in deeth) LAST		. Out 10	(ON AS A	DONSEGUENC	L OF).							İ
			a	7 %.								1	†
MEDICAL	PART II. Other significen	condition	ns contributing to	deeth bu	t not resulti	ng in the	underlyin	g ceuse given in	Part I. 24	e. WAS AN PERFOR		A	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION OF CAUSE
					_				— ¹	YES 2	□ NO		OF DEATH?
2									-			1	TES 2 NO
AN	25. WAS CASE REFERRED TO	MEOICAL					26. P	LACE OF DEATH (C)	neck only one)				
SIC	EXAMINER?		HOSPITAL:	ER/Outpa	itlant 3 🗆 DO	A 4 D		ne 5 🗆 Raaldenca	8 Other (S	pecify)			
PHYSICIAN:	27. MANNER OF DEATH	con n	28a. DATE Of (Month, I		28b.	TIME OF	W	JURY AT ORK?	28d. DESCR	IBE HOW I	NJURY OCC	UREO	
B≺	2 Decident	ending restigation				M	יו	YES 2 NO				2 12	
		ould not be etermined		etc. (Speci	— At home, fai fy)	rm, atreet,	ractory, offic	00	28f, LOCATIO	own, State)		or Hural Hol	ute Number,
Ē	29a. CERTIFIER						30 V		. 2				
COMPLETED	CONSCIN ONLY		ER: On the beels of										and menner as stated.
	29b. SIGNATURE AND TITLE (14/2			29c. LICENSE NU					Worth, Day, Year)
BE	Sharon!	An-	Aus	×, -	mo				378		> 1	1/21	191
5	30. NAME AND ADDRESS OF	PERSON WI	O COMPLETEO CAL	SE OF DEA	TH (ITEM 27)	Type, Print)			0			7 00	
	31. DATE FILED (Month, Day, Y	bar)	32. REGISTR	AR'S SIGNA	TURE								

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223			TO THE HOSPITAL OR ATTENDING MACRIMENT THE MAY TRAINED THAT THE DESCRIPTION OF THE PROPERTY OF	TO THE FUNDMENT DIRECTOR: ANY ME CONTINUE THAT DATE THE DATE HAS DEED BY THE ALTERNATION OF THE STREET OF THE	hours are dear office of health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II Hem 28 is marked of hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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Dr. Howard Bond 9619 Belair
31. DATE FILED (Month, Dex. Veer)
32. BEGISTRAR'S SIG

32. REGISTRAR'S SIGNATURE
Stuhia Davidson-Randelle

3) (
	FOR STATE REGISTRAR	STATE OF MA			TMENT OF I	HEALTH AND I		YGIEN EG. NO.	E				
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF	DEATH			3. TIME OF DEATH		
	M. LUTELLE SI	ils					MONTH	- 3	Ö –	9/	12:34 AM		
	4. SOCIAL SECURITY NUMBER	5. SEX (. AGE (in yrs. last	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF I	SIRTH		6. BIRTHP	LACE (State or Foreign		
	250-03-9055	1 🗆 M 2 💢 F	82	YRS.	MONTHS DAYS	HOURS MIN.	4-	5-0	9	NORT	17 4		
	9a. FACILITY NAME (If not institution, give s	treet and number)	V EV		9b. CITY, TOWN	OR LOCATION OF DE		_		NTY OF DE			
DIRECTOR	MANOR CARE - KOSSVI VE BIVOL 16600 RIDGERD, MA BALTIMORE COUNTY												
ا ڀٽا	10a. STATE 10b. COUNT	Y		10c. CITY	Y, TOWN OR LOCA	TION					10d. INSIDE CITY LIMITS?		
高	Maryland Bal	timore			Full	erton					1 YES 2 NO		
¥	10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COU												
E	4510 Buck School	House Rd.				21237			_	USA			
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1				NIC ORIGIN? (Specify Yea or No- 14.			14. RACE	- American Indian, White, etc.			
	1 Never Married 2 Married 3 X Widowed 4 Divorced	IF YES, GIVE WA		,		pecify Cuben, Mexica S XX NO Specify		1, 010.)		Specify	··		
B		1							White				
世	15, DECEDENT'S EDU (Specify only highest grade		(Giv	w kind of v	USUAL OCCUPAT		18b. KIND OF BUSINESS/INDUSTRY						
	Elementary/Secondary (0-12)	College (1-4 or 5+)		Do NOT us	ewife		,	Temes	1	-			
COMPLETED	12th grade			nous	ewit e	1			nakin	8			
ଥ	17. FATHER'S NAME (First, Middle, Last) Augusta Tharpe					16. MOTHER'S NA	me <i>(First, Midd</i> Arrie	le, Maiden	Surname)				
8			T in							0.40			
2	19a. INFORMANT'S NAME (Type/Print) Carolyn Regester					and Number or Rural Chool Hou		-			21237		
			_				ise Ru.	v	CATION —		21		
	20a, METHOD OF DISPOSITION KOCBuriel 2 Cremation 3 Rem	oval from State	other pla	PENION	d Camat	emetery, cremetory or							
	KX Buriel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 23. NAME AND ADDRESS OF FACILITY												
	Lassahn Funeral Home												
	Lassalw 7	usurel	Home		7401	Belair F	Rd. Bal	timo	ore,	Mary!	land 21236		
	23. PART J. Enter the diseases, or			ith. Do r	not enter the m	ode of dying, suc	ch as cardiac	or resp	Iratory an	rest,	Approximate Interval Between		
	shock, or heart fallure. List only one cause on each line. IMMEDIATE CAUSE (Final										Onset and Death		
	disease or condition resulting in death)												
	DUE TO (OR AS A CONSEQUENCE OF):												
Z	Conventable that accellations	b	Dipunda Menna										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DUE TO (OR AS A DONSEQUENCE OF):						Γ 0				
<u>ა</u>	CAUSE (Disease or Injury DUE TO (OR AS A GONSEQUENCE OF):												
	that initiated events resulting in death) LAST	DUE TO (OH AS A GONSEQ	UENCE O	F):						į l		
斯 		d									1		
- 1	PART II. Other significent condition	na contributing to d	leath but not re	suiting	in the underlyi	ng cause given in	Part I. 24		AUTOPSY	24b.	WERE AUTOPSY FINDINGS		
2	Je a 1/0 He made										AMAILABLE PRIOR TO COMPLETION OF CAUSE		
	1 PES 2 NO OF DEATH?												
2	NCC VN												
Z,	25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one)												
⋖	25. THIS CHOL HEI ETTILED TO MEDICAL	EXAMINER? HOSPITAL: NTHER:											
SICIA	EXAMINER?		1 Pess 2 Pool 1 Impettent 2 ER/Outpettent 3 DOA 4 Punning Home 5 Residence 6 Other (Specify) 27, MANNER OF DEATH 28s., DATE OF INJURY 28b., TIME OF 28c., INJURY AT 28d., DESCRIBE HOW INJURY OCCURED										
HYSICIA	EXAMINER?	1 □ Inpatient 2 □	NJURY				Zou. DEGON						
Y PHYSICIAN: MEDICAL	EXAMINER? 1	1 Inpatient 2	NJURY		INJURY M 1 YES 2 NO IURY — At home, farm, street, factory, office 28f. LOCATION (Street and								
В	EXAMINER? 1 YES 2 NO 27, MANNER OF DEATH 1 Natural 6 Pending Investigation	28a. DATE OF I (Month, De) 28a. PLACE OF	NJURY (, Year)	IN.	JURY M 1 _	ORK? YES 2 NO	281. LOCATI			r or Rural R	loute Number,		
В	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation	28a. DATE OF I (Month, De) 28a. PLACE OF	NJURY /, Year)	IN.	JURY M 1 _	ORK? YES 2 NO	281. LOCATI			r or Rural R	loute Number,		
В	EXAMINER? 1 YES 2 NO 27, MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER 1 CERTIFYING PHYS	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY , Year) INJURY — At hor itc. (Specify)	ne, ferm,	JURY N 1 = street, factory, of	/ORK? YES 2 NO	261. LOCATI City or	own, State)		loute Number,		
В	EXAMINER?* 1 YES 2 NO 27 MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY , Year) INJURY — At house, dec. (Specify)	ne, farm,	Street, factory, of	YES 2 NO	28f. LOCATI City or	e) and me	nner as sta	ited.	oute Number,		
COMPLETED BY	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 1 CERTIFVING PHYS	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY , Year) INJURY — At house, dec. (Specify)	ne, farm,	Street, factory, of	ORK? YES 2 NO Ica ta and place, and dudenth occured at the	26f. LOCATI City or 1	e) and me	nner as sta	ited. he cause(s)) and manner as stated.		
В	EXAMINER?* 1 YES 2 NO 27 MANNER OF DEATH 1 Natural 6 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY , Year) INJURY — At house, dec. (Specify)	ne, farm,	Street, factory, of	YES 2 NO	26f. LOCATI City or 1	e) and me	nner as sta	ited.			

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permit, Pages 1, 2, 3 should

once.

To

notified pe must examiner medical 0 the state of traumatic event, has been signed by the attending physician ar Dept. of Health and Mental Hygiene prior to to n 23 shows any injury, or other trauma Hem FUNERAL DIRECTOR: After this certificate h within 72 hours after death with the State I ITANT: If Item 28 is marked, or Item

BY

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COMPLET

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MPORTANT: # 五五百 23

91 18035 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH Marie A.Selina 03:45 91 AM A SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH (Month, Day, Year) 9-27-1911 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. DAYS HOURS 216-07-0317 1 M 2 F Italy 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Lorien Frankford Nursing Home Baltimore RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Ellicott City Howard 1 YES 2 X NO FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 4745 Columbia Rd. 21043 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—It ves. specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. It yes, specify Cuben, Mexican, Puerto Ri

1 YES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 1 Never Married 2 Married White BY 3 💢 Widowed 4 🗌 Divorced 16a. DECEDENT'S USUAL OCCUPATION
"The kind of work done during most of working COMPLETED 15. DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compi (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) 6 YYS. College (1-4 or 5+) Homemaker 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elia Fiore Matilda Unknown BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4745 Columbia Rd., Ellicott City, Md. 21043 2 Barbara F. Goodman 20e, METHOD OF DISPOSITION
1 0 Burlet 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State Gardens of Faith Cemetery 7-3-91 Rosedale, Md. 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Roy H. Cather Rongy Cather Leonard J. Ruck, Inc., 5305 Harford Rd.

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, Leonard J. Ruck, Inc., 5305 Harford Rd., Balto., Md. 21214 Approximate shock, or heart fellure. List only one cause on each line Interval Between Onset and Death IMMEDIATE CAUSE (Final MENINGIOMA disesse or condition resulting in death) CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF) If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa resulting in death) LAST PART II. Other algnificent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH 1 DYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) 1 TES 2 THO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 Other (Specify)

27. MANNER OF DEATH 28e. DATE OF INJURY 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending Investige 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 | Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. (Check only one)

T MEDICAL EXAMINETI OF THE	Debe of exerts	menon encon investige	noon, at my opinior	i, death occured at the time, data and	place, and due to the cause(a) and menner as state
296. SIGNATURE AND TITLE OF CENTIFIER	LD	Accom	Ad	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

7.17 NSW 1440 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

CHARLES C. BROWN, M.M. - 201 E. 201 €.

32. REGISTRAR'S SIGNATURE

rmit, Pages 1, 2, 3 should

	1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE	OF OEATH			3. TIME OF DEATH	
	Hilda S			Sucar		MONTH DAY					91 7:15 p M				
	4. SOCIAL SECURITY NUMBER 5. SEX					IF UNDER 1 YEAR IF UNDER 24 HRS.			7. DATE OF BIRTH			8. BIRTHPLACE (State or F			
			90 - YRS.		MONTHS			MIN.		6/190	1	Ra 1	timore		
1		265-32-8865 1					9b, CITY, TOWN OR LOCATION OF CEATH				0/ 130		NTY OF C		
DIRECTOR	Greater Baltimore Medical Center					Towson						Baltimore			
<u> </u>						Y, TOWN OR	LOCAT	TION						10d. INSIDE CITY	
흠	MD	MD Baltimore					alti	imore	2					1 X XYES 2 □ NO	
	10a. STREET AND NUMBER						101. ZIP CODE					10g. CIT	WHAT COUNTRY?		
ER	1305 N Montford Avenue 21213														
5	11, MARITAL STATUS	RMED	13. WAS DECENDENT OF HISPANIC ORIGIN? (Speci						ee or No — 14. RACE — American Indian, Black, White, etc.						
BY FUNERAL	1 Never Married 2	Q NO	If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Tyes 2 NO Specify:					ncan, etc.)	Specify: BLACK						
	3 Widowed 4 Divorced											DLACK			
TED	(Specify onl	EDENT'S EDU y highest grade	completed)			Work done du			ng	16b.	KINO OF BU	SINESS/INI	DUSTRY		
COMPLET	Elementary/Secondary (t 12th)-12)	College (1-4 or 5	+)		·	E D			10					
Š	17. FATHER'S NAME (First, M	tiddio (nat)			UNEN	NEMPLOYED 16. MOTHER'S NAME (First, Middle, Maide						2 Company			
	LITTLET		P. WA	TEDC				1000				ABNE			
BE	19a, INFORMANT'S NAME (<u> </u>	P. WA	TERS	ISIS MAIL INC	ADDRESS	(Street e		RTH	A	ner, City or Tow				
2			INNER		1302			NTFC			-			MD.21213	
	20a,/METHOD OF DISPOSIT	TON		20b. PLAC		E OF OISPO				DATE		OCATION — City or Town, State			
	1 Donation 5 Other		oval from State	Myneta	AUB'U							TIMORE, MD.			
									SS OF FA	CILITY					
	WM.C. MARCH F.H. 1101 E. NORTH										ORTH AVE				
	23. PART i. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart feliure. List only one cause on each line.														
										Onset and Death					
1	disease or condition														
	DUE TO (OR AS A CONSEQUENCE OF):														
8	Sequentially list condit	ions,	L Corona	ry Arte	ery Di	sease	5								
F	If any, leading to immediate														
윤		CAUSE (Disease or injury C. REILLY CO. A. C. REILLY CO. A												+	
CERTIFICATION	resulting in death) LAS	т Т	4												
핑			d				-								
A	PART II. Other significent conditions contributing to death but				not reaulting in the underlying cause given in Part i					Part I.	24a. WAS AI PERFO		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
MEDICAL	1 🗆 YES 2 🗋 NO										COMPLETION OF CAUSE OF DEATH?				
ME												1 TYES 2 NO			
ž															
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) EXAMINER? OTHER:														
Z.	1 US 2 NO 1 Inpettent 2 ER/Outpatlent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)														
표	27. MANNER OF DEATH 28e. OATE OF INJURY 28b. TIME OF (Month, Dey, Yeer) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCURED														
B	1 Netural 5 Pending 2 Accident Investigation M 1 YES 2 NO														
	3 Suicide 8 Could not be determined 28e. PLACE OF INJURY — At home, farm, afreet, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Rout City or Town, State)									Houte Number,					
	20. CENTIFIED /														
COMPLETED	29a. CERTIFIER (Check only one) One) PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) end manner as stated.														
8	2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, and due to the cause(a) and manner se stated.														
BE	290. LICENSE NUMBER 290. LICENSE NUMBER 290. DATE SIGNED (Month, Day, Year)														
2	20 NAME AND A CORPES OF BERSON WHO COMPLETED CALLE OF REATHUREN 27 /5 00 Detail														
		30. NAME AND ACCRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)													
	Raymond N			AR'S SIGNATURI											
	JI	L 3		his Davids		della									
		- Telephone													

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

TINE

MONTH JV/102 John 6. AGE (in yrs. last birthday) 4 SOCIAL SECURITY NUMBER 5 SEY 7. DATE OF BIRTH (Month, Day, Year, 8-9-10 IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 213-09-3058 1 M 2 F 80 VRS 9e. FACILITY NAME (If not institution, give street end number) 96. CITY, TOWN OR LOCATION OF DEATH 123 Linhigh Avenue DIRECTOR Fullerton RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e, STATE Maryland Baltimore Fullerton 10s. STREET AND NUMBER 10f. ZIP CODE FUNERAL 123 Linhigh Avenue 21236 the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2/1/10 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-F YES, GIVE WAR OR DATES If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 NO Specify: 1 Never Merried 2 Merried BY 3 Widowed 4 Divorced as ETED 15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUAL OCCUPATION use (Specify only highest grade comp 包 Elementary/Secondary (0-12) College (1-4 or 8+) General Foreman COMPL 7th grade funeral director, page 5 should be detached 17. FATHER'S NAME (First, Middle, Last) John A. Tine Ħ BE notified 19e. INFORMANT'S NAME (Type/Print) 2 Mrs. Emden C. Tine Pe 20b. PLACE OF DISPOSITION (Name of cometery, crometory or Stor, place) eters Lutheran Ch. Cem 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION

1 Seriel 2 Cremation 3 Removal from State
4 Donation 8 Other (Specify) must examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Zass medical filled in by ahock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Final completely filler hal, cremation, the diseese or condition reaulting in death) event, and com traumatic CERTIFICATION Sequentially list conditions, nding physician a Hygiene pnor to 9 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): the attending p that initiated events resulting in death) LAST 6 injury, o PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I. MEDICAL has been signed by Dept. of Health and MAC amy shows a PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL Item the State EXAMINER? HOSPITAL: 1 | Inpatient 2 | ER/Outpatient 3 | DOA 6 28e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 27. MANNER OF DEATH 26b. TIME OF this c marked, 1 Natural 2 Accident 5 Pending 1 YES 2 NO DIRECTOR; After thours after death item 28 is mar death BY 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29e. CERTIFIER (Check only one) FUNERAL I TO THE FUNERA
be filed within 72
iMPORTANT: II BE 뿓 2 2 6 31. DATE FILED (Month) Day

JAMES

9c. COUNTY OF DEATH

Baltimore

10g. CITIZEN OF WHAT COUNTRY?

2. DATE OF DEATH

38

3. TIME OF DEATH

43

10d. INSIDE CITY

14. RACE — American Indian, Black, White, etc.

1 YES 2 NO

B. BIRTHPLACE (State or Foreign

Maryland

the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146 retained by 1 20 hours after death. Page 6 may by the free removal. executed within DIVISION OF VITAL RECORDS, P.O. BOX 13146, requires that the death certificate be PHYSICIAN: The law

ADMINING

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-base be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

91-3432-510 FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

1. DECEDENT'S NAME (First, Middle, Last)		C	EKIIFI	CATE OF	DEATH		REG. NO.				
1. DECEDENT S NAME (FIRST, MIDDIE, LIIST)						2. DATE O	F DEATH		WEAR	3. TIME OF DEA	TH
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4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE DE	BIRTH			HPLACE (State or F	_
218-56-1213	1 (M 2 □ F	38	YRS.	MONTHS DAYS	HOURS MIN.	(Month,	Day, Year)	2	Count	(m)	
So. FACILITY NAME (If not institution, give si	treat and number)	20		9h CITY TOWN	OR LOCATION OF D		0.0		INTY OF D		_
250 Roberts Stre				Baltimo						re City	
10a. STATE 10b. COUNTY			10c. CITY	TOWN OR LOCA	TION			-		10d. INSIDE CIT	Y
mp.			12	BAIT	0.					LIMITS?	NO
10e. STREET AND NUMBER			16		H. ZIP CODE			10g. CIT	IZEN OF	WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		T EVER IN U.S. AR YES 2 THE		If yes, s	CENDENT OF HISPA pecify Cuben, Mexico 3 2 Specific	en, Puerto Ric		or No-	14. RACI Blac Spec	E — American Indik, White, etc.	len,
15. DECEDENT'S EDU	CATION	160 00	ECEDENTIC I	USUAL OCCUPATI	041	L deb h	IND OF BUS	INITES (INI	OUGTER	egno	
(Specify only highest grade		(G	aive kind of w	ork done during m	ost of working	100. P	- COND.	SINE 35/IN	DUSTRY	_	
		1	1100	r							
17. FATHER'S NAME (First, Middle, Last)	ATC -				16. MOTHER'S NA			Surname)			
GEORGE WILLIAMS (Type/Print)	ATSON				MAR	-	-	20	ne	-5	
	£0. 1	19	211		Feder	. /	-1	n, State, Zi	ip Code)	1	
GEORGE WIA	12011					-	-	1-11	13. 1	42121	3
1 Duriel 2 Cremetion 3 Rem	oval from State	of cemetary	, crematery	or other place	(Name	PATE	20c. LO	CATION —	- City or To	own, State	
4 ☐ Donation 5 ☐ Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIC		- We	3/6		ATE CEP	112	12	7.	1.	ma	
21. SIGNATURE OF FUNERAL SERVICE DI	ENSEE			22. NAME A	IND ADDRESS OF F	ACILITY					
Bette L	-unda	a/ /2	love) /	1000	16	ARA	1:00	- 5	1	
	b.			1/							
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с	(OR AS A CONSE									
if any, leading to immediate cause. Enter UNDERLYING	с	(OR AS A CONSE									
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	(OR AS A CONSE	QUENCE OF	7):	ng cause given ir	Part I.	24a. WAS AN	AUTOPSY	7 24	b. WERE AUTOPSY	FINDING
if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	QUENCE OF	7):	ng cause given ir		PERFOR	RMED?	7 24	AVAILABLE PRIO	R TO
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if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c. DUE TO	(OR AS A CONSE	QUENCE OF	n the underlyli	ng cause given in		PERFOR	RMED?	241	AMAILABLE PRIO COMPLETION OF OF DEATH?	CAUSE
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate are not by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the Same December of Herman and Mental Hygiene prior to burlal, cremation, or removal.	ent, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760	TO THE HOSPITAL OR ATTENDING PHYSICIAN. The first the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certif and the property of the attending physician and complete filed within 72 hours after death with the state to be and the man and Mental Hygiene prior to burial, on	IMPORTANT: If item 28 is marked, or item 22 show any injury, or other traumatic eve

REGISTRAR 1. DECEDENT'S NAME (First, Middle	e, Last)	CERT				OF DEATH		3. TIME OF DEATH
	JOHN ALOYS	IUS WINT	Z JR.		MONT		9 91	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthe			7. DATE	OF BIRTH		NRTHPLACE (State or Foreign country)
219-18-4430	1 💢 M 2 🗆 F	66 YF	RS. MONTHS	DAYS HOURS MIN.	2-	26-25	Ma	ryland
9a. FACILITY NAME (If not institution				TOWN OR LOCATION OF D	EATH		9c. COUNTY	
1341 E. North			В	altimore			N	I/A
	COUNTY	10c	CITY, TOWN O	R LOCATION				10d. INSIDE CITY
Maryland	N/A		Balt	imore				1 X YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?
1341 E. Nor	thern Pkwy			21239			USA	1
11. MARITAL STATUS 1 Never Married 2 Marrie	12. WAS DECEDENT E FORCES? 1 X	YES 2 NO		MAS DECENDENT OF HISPA t yes, specify Cuban, Maxic			or No- 14. 1	RACE — American Indian, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	1	YES XXNO Spec	fy:			Spec//y: White
	T'S EDUCATION	16a. DECEDE	NT'S USUAL OC		168	. KIND OF BUSI	NESS/INDUST	
(Specify only highe Elementary/Secondary (0-12)	coffege (1-4 or 5+)	(Give kin life. Do N	of work done of OT use retired.)	furing most of working				
	5+	Syst	ems An	alyst		State	of Mar	ryland
17. FATHER'S NAME (First, Middle, I				18. MOTHER'S N	341			
	ius Wintz Sr.					McKenn		
Eileen D. Wint				(Street and Number or Rura				
20a. METHOD OF DISPOSITION	LZ	20b. PLACE AND		orthern Pkw	y ba.			or Town, State
1X Buriel 2 Cremation 3 4 Donation 8 Other (Speci		of cemetary, crem Dulaney			7-			Le, Maryland
	**	Darane	10220	<u> </u>		L Duci.	ICT ATT	raly Land
21. SIGNATURE OF FUNERAL SER	VICE LICENSEE		22. 1	NAME AND ADDRESS OF F				
Ju. Jose	ph Ferrar	re		M	itch	ell-Wie		
G. Joseph	Ferrarse		65	M 00 York Roa	itch d Ba	ltimore	, Mary	land 21212
G. Joseph 23. PART I. Enter the disease	Ferrarse	aused the death.	65 Do not anter	M 600 York Roa the mode of dying, au	itch d Ba	ltimore	, Mary	Approximate interval Between
G. Joseph 23. PART I. Enter the disease shock, or heart f IMMEDIATE CAUSE (Final	Ferrarse es, or complications that c	aused the death.	65 Do not anter	M 600 York Roa the mode of dying, au	itch d Ba	ltimore	, Mary	land 21212
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G. Joseph 23. PART I. Enter the disease shock, or heert filmMEDIATE CAUSE (Final disease or condition	Ferrarse es, or complications that calliure. List only one cause	aused the death. on each line.	Do not anter	M 600 York Roa the mode of dying, au	itch d Ba	ltimore	, Mary	Approximate interval Between
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G. Joseph 23. PART I. Enter the disease shock, or heart filmMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Ferrarse es, or complications that c saliure. List only one cause DUE TO (OI DUE TO (OI d	aused the death. on each line. I NO M R AS A CONSEQUENT R AS A CONSEQUENT	Do not anter CE OF): CE OF):	MOO York Roathe mode of dying, au	itched Ba	ltimore diac or respir	Mary atory arrest,	Approximate interval Betwo Onset and De J Y PA 24b. WERE AUTOPSY FINON ANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
G. Joseph 23. PART I. Enter the disease shock, or heart of immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant contents of the conditions o	Ferrarse es, or complications that claime. List only one cause DUE TO (OI c. DUE TO (OI d. D	aused the death. on each line. I NO M R AS A CONSEQUENT R AS A CONSEQUENT	Do not anter CE OF): CE OF): ting in the un	Month Roa the mode of dying, au the mode of dying, au the mode of dying, au the mode of dying ceuse given in the mode of dying ceuse given in the mode of dying au the mode of dy	itchid Baich as car	1timore diac or respir	Mary atory arrest,	Approximate interval Betwo Onset and De J Y PA 24b. WERE AUTOPSY FINON ANALABLE PRIOR TO COMPLETION OF CAUSOF DEATH?
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G. Joseph 23. PART I. Enter the disease shock, or heart if IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant context in the context in th	FETTATSE es, or complications that claime. List only one cause DUE TO (OI c. DUE TO (OI d. D	aused the death. on each line. I WO M R AS A CONSEQUENT R AS A CONSEQUENT R AS A CONSEQUENT PORT OF THE CONSEQUENT R/Outpetient 3 □ D JURY 19607) 281	Do not enter CE OF): CE OF): CE OF): CE OF): THE OF HUNDY M	Month Roa the mode of dying, au the mode of	itched Baich se cer	24a. WAS AN / PERFORM 1 YES 2	Mary atory arrest, with the state of the sta	Approximate interval Betwo Onset and De J J J A A A A A A A A A A A A A A A A
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G. Joseph 23. PART I. Enter the disease shock, or heert fill immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent continues the cause of the cause	FETTATSE es, or complications that claime. List only one cause DUE TO (OI b. DUE TO (OI c. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. D	aused the death. on each line. I WO M R AS A CONSEQUENT R AS A CO	Do not enter CE OF): CE OF): CE OF): ting in the un OA 4 Nun b. TiME OF INJURY M Iarm, street, fact recurred at the t	Moderlying ceuse given in the mode of dying, authorized the mode of dying, authorized the modern in	it Chicad Ba. ch as car h Part I. check only of a Other 286. LOC. City 286. Loc. che to the cone time, dat	24a. WAS AN A PERFORM 1 YES 2 CATION (Street at or fown, State)	Mary atory arrest, MUTOPSY MED? NO NO NO HURY OCCUR!	Approximate Interval Betwo Onset and De I Y TAI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
G. Joseph 23. PART I. Enter the disease shock, or heert fill immediate CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant continues the cause of the cause of the cause of the cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant continues the cause of th	FETTATSE es, or complications that claime. List only one cause DUE TO (OI b. DUE TO (OI c. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. DUE TO (OI d. DUE TO (OI d. DUE TO (OI c. DUE TO (OI d. D	RAS A CONSEQUENT RAS A	Do not enter CE OF): CE OF): CE OF): CE OF): Ting in the un OA OTHEF Num D. TIME OF INJURY M Larm, street, fect recurred at the t tilgation, in my c	Moderlying ceuse given in the mode of dying, authorized the mode of dying, authorized the modern in	it Chicad Ba. The Part I. Part I. Sel Oth 28d. DE 28f. LOCh 28d. DE 28f. LOCh 28d. DE	24a. WAS AN A PERFORM 1 YES 2 CATION (Street at or fown, State)	Mary atory arrest, MUTOPSY MED? NO NO NO HURY OCCUR!	Approximate Interval Betwo Onset and De I Y TAI AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENI REG. NO.	E 7 '	100.0
	1. OECEDENT'S NAME (First, Middle, Last) OLIVIA	L Yo	UNG			2. DATE OF DEATH DA		-740
		□ M 2 4 F 6	YRS.	ONTHE DAYS	HOURS MIN.	7. DATE OF BIRTH (Morith, Day, Year) 4-28-19	Q	IRTHPLACE (State or Foreign ountry) Aryland
TOR	University of Many Residence of Geodesen	,		BALTIM			BAUTIM	
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY, T	Ltimor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 1618 Druid Hill	Ave 3 rd 1		101.	ZIP CODE 2 1 2 1 7		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Mever Married 2 Married 3 Widowed 4 Divorced	2. WAS DECEDENT EVER IN 1 FORCES? 1 YES	2/1/10	If yes, spe		NIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, Whita, atc. Specily: Black
COMPLETED	15. OECEOENT'S EOUCAT (Specify only highest grade con Elementary/Secondary (0-12)	npleted) College (1-4 or 5+)	16a. OECEDENT'S US (Give kind of work life. Do NOT use of	k done during mos etired.)	t of working	16b. KIND OF BUS		RΥ
BE COM	17. FATHER'S NAME (First, Middle, Lest) Charles Young				16. MOTHER'S NA Zemor	ME (First, Middle, Maiden a Beale	Surname)	vate Duty)
10	19a. INFORMANT'S NAME (Type/Print) Robert Young			IN THE PARTY OF TH		Route Number, City or Town Balto.		
	20a. METHOD OF OISPOSITION 1 M Burial 2 Cremation 3 Removi 4 Donation 5 Other (Specify) 21. SIONATURE OF FUNERAL SERVICE LIGHT	of ce We	PLACE AND DATE Of the control of the	other place) Star Co		7-1 Cat		lle, Md.
	- Warried	C. Ja	~	4611	Park H	leights A	ck C. ve. Ba	Jones alto., Md.15
	23. PART I. Enter the diseases, or corshock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) s.	HEPATIC			sa or dying, suc	n as cardiac or respi	ratory arrest,	Approximata Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury		CONSEQUENCE OF):	EAST C	ANCER			
RTIF	that initiated events resulting in death) LAST	OUE TO (OR AS A	CONSEQUENCE OF):					
AL	PART II. Other significant conditions	contributing to death bu	t not resulting in	the underlying	csuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDIC								1 TYES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	OSPITAL:		OTHER:	ACE OF DEATH (C/	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUS	OF 28c. INJ		28d, DESCRIBE HOW I	NJURY OCCURE	ED
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Special		eet, factory, offic	•	28f. LOCATION (Street City or Town, State)		tural Route Number,
COMPLETED	one)	AN: To the best of my knowled On the basis of examination						ouse(s) and manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER JOSEPH J DISA, MD	COMPLETED ONLY	THE STATE OF STATE OF	V	ZESIPENT	MBER	29d. DATE SIG	ONED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO 72 S. Greene St.	BAUT 1	MO ZIZO					
	31. DATE FILED-(Month, Day, Year)	32. REGISTRAR'S SIGNA Julia David		2				

	1	
NAME OF THE PARTY	TO THE PUNISHAL DIRECTOR	IMPORTANT: If Item 28 Is
DIVINION OF VITAL RECORDS, P.O. BOX 68/60,	TO THE FORTING OF THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the the host TO THE PURPORT After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to the page 10 should be page 10 should	De filed within the control of the c
BALLIMORE, MARYLAND	ours after death. Page 6 may be retained by the host I in by the funeral director, page 5 should be detache	medical examiner must be notified at once.

	FOR 1 STATE	STATE OF N	MARYLAND / DEPAR			MENTAL	HYGIENE	91	10	U41
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) DAVID		BAKER	JR.	DEATH_	2. DATE O MONTH 06	DAY	60 Y	2. T	IME OF DEATH
	4. SOCIAL SECURITY NUMBER 215 – 38 – 8972	5. SEX	6. AGE (In yrs. lest birthday) 53 YRS.		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month)	F BIRTH Day, Year) - 24 - (Country)	E (State or Foreign
OR	9a. FACILITY NAME (If not institution, give s 2026 EAST BIDD		ET	96. CITY, TOWN OR BALTI	MORE C			9c. COUNTY	OF DEATH	
DIRECTOR	TRESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY MD	1		ry, town or location			-			INSIDE CITY LIMITS? YES 2 NO
FUNERAL	100. STREET AND NUMBER 5203 IVANHOE	AVENU	E	101. 2	21212			10g. CITIZEI		COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARMED	If yes, spec	IDENT OF HISPAN Ify Cuben, Maxica	n, Puarto Ric		or No.— 14	Specific	LACK
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondery (0-12) 11th	CATION completed) College (1-4 or 5	(Give kind of	s usual occupation work done during most use retired.)	of working	16b. F	KIND OF BUSI	INESS/INDUS	TRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) DAVID BAKER	SR.			16. MOTHER'S NA ALTHE	- 1	ddle, Maiden S IGFOF			
TO 8	192. INFORMANT'S NAME (Type/Print) ELIZABETH BA	KER		G ADDRESS (Street and IVANHOE						212
	20a, METHOD OF DISPOSITION 1X☐XBurial 2 ☐ Cremetion 3 ☐ Ram 4 ☐ Donation 5 ☐ Other (Specify)	oval from Stata	VOSHELL	MEMORIA	Name AL GARI	DENS	BAL	ATION — CH TIMOI	RE,	MD.
	21. SIGNATURE OF FUNERAL SERVICE LIC	S S	-		MARCH		. 110)1 E.	NOR	TH AVE.
	23. PART I. Enter the diseases, or shock, or heert feliure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	Non=	t coused the death-Dause on each line. Small CII (OR AS A CONSEQUENCE OF	lung ca			ec or reapir	ratory arrea	t,	Approximata interval Between Onset and Death
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONSEQUENCE OF			8				
SERTI	that initieted events resulting in death) LAST	d								
PHYSICIAN: MEDICAL (PART II. Other significant condition	na contributing to	death but not resulting	in the underlying	ceuse given in		PERFORE	MED?	AVA COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 20 ND	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	26. PLA OTHER: 4 Nursing Home	CE OF DEATH (CH				70.5	
	27. MANNER OF DEATH Natural 5 Pending	28a. DATE Of (Month, I	F INJURY 26b. TI	ME DF 28c. INJU	RY AT		CRIBE HOW IN	NJURY OCCU	RED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At home, ferm, etc. (Specify)			26f. LOCA City o	TIDN (Street a r Town, State)	nd Number or	Rural Route	Number,
COMPLETED	one)		f my knowledge, death occur examination and/or investigat							d manner as stated.
BE	29b. SIGNATURE AND TITLE DF CERTIFIE Bachara U	L. Con	lug M		29c. LICENSE NU D 26		î	29d. DATE 5	SIGNEO (Mo	nth, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WITH BUY	DELY ME	SE OF DEATH (ITEM 27) (TYPE). UNIV Med	Cancer Ct	r 229	S. Gre	ene s	St B	alto	2120/
	31. DATE FILED (Month, Day, Year) 05 1991	32. REGISTR	AR'S SIGNATURE							

n certificant has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the state Dect. of Health and Mental Hygiene prior to burial, cremation, or removal.

In the State Dect. of Health and Mental Hygiene prior to burial, cremation, or removal. PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE HOSPITAL OR JETS TO THE FUNERAL DIFFERENCE BE filed within 72 hor min IMPORTANT: If Ite 28

91-3727-005	ATTT AT 1445V AND /					8042
1 - STATE REGISTRAR	STATE OF MARYLAND /		E OF DEATH	MENIAL HYGIEN REG. NO.	<u> </u>	
JAMES H.	BRANCH	E		2. DATE OF DEATH DA O7 03		
4. SOCIAL SECURITY NUMBER 240-70-0316	5. SEX 6. AGE (in yrs. last	birthday) IF UNDER	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month Day, Year) 8 - 2 - 4 6	8. B	IRTHPLACE (State or Foreign ountry) N. C.
9a. FACILITY NAME (If not institution, give str	set and number)	9b. CIT	Y, TOWN OR LOCATION OF D	EATH	9c. COUNTY C	OF DEATH
E.R., BALTIMORE O	OUNTY GENERAL		RANDALLSTOW	/N	В	ALTIMORE
E.R., BALTIMORE OF RESIDENCE OF DECEDENT 106. STATE MD 106. COUNTY		OWING	OR LOCATION S MILLS, 1	MD		10d. INSIDE CITY LIMITS? 1 YES 2 AO
10. STREET AND NUMBER 123 WILLOW BE	RD DRIVE APT	. 2B	101. ZIP CODE 2 1 1 1 7			S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 N IF YES, GIVE WAR OR DATES		WAS DECENDENT OF HISPA If yes, specify Cuban, Mexico 1 YES 2 NO Specif	an, Puerto Rican, etc.)	()	RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12th Grade 17. FATHER'S NAME (First, Middle, Last)	completed) (G/ College (1-4 or 5+)	CEDENT'S USUAL Cove kind of work done Do NOT use retired.)	during most of working	16b. KIND OF BUS	NNESS/INDUSTI	RY
17. FATHER'S NAME (First, Middle, Last) Thomas E.	Branch		18. MOTHER'S NA	AME (First, Middle, Maiden	Sumame) 11on	
Garnes Funeral			s (Street and Number or Rural x 863/Henc			°) 27536
20s. METHOD OF DISPOSITION 1\(\Subseteq \) Burial 2 \(\subseteq \) Cremation 3 \(\subseteq \) Remo 4 \(\subseteq \) Donation 3 \(\subseteq \) Other (Specify)		AND DATE OF DISI	POSITION (Name		cation – city	or Town, State
21, SKINATULE OF FUNERAL SERVICE LICE		22	. NAME AND ADDRESS OF FA	VCILITY		NORTH AVE.
23. PART I. Enter the diseases, or control of the c	DUE TO (OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR AS A CONSECUENCY OR AS A CONSECUENCY OR AS A CONSECUENCY OF TO (OR AS A CONSECUENCY OR	DUENCE OF):	the mode of dying, such		1	Interval Between
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{NO} \) NO 27. MANNER OF DEATH	contributing to deeth but not r	esulting in the u	nderlying cause given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\square\) NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
EXAMINER? XIX YES 2 \(\square\) NO	HOSPITAL: 1 Inputiont XX ER/Outputiont 3	DOA 4 N				
	28s. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY M	28c. INJURY AT WORK?	28d. DESCRIBE HOW	NJURY OCCURI	ED
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY — At he building, atc. (Specify)	ome, farm, street, fa	ctory, office	26f. LOCATION (Street City or Town, State)		lural Route Number,
- I constant only	AAN: To the best of my knowledge, de					nuse(a) and manner as stated.
296. SIGNATURE AND THE OF CENTIFIED	All 4.0		29c. LICENSE NU	JMBER	29d, DATE SI	GNED (Month, Day, Year)
20 NAME AND ADDRESS DE PERSON WHI	Mul		00	ME	07	04 1991

LETED CAUSE OF DEATH (ITEM 27) (Type, Print)

a Lavidson-Pandell

BALTIMORE

DHMH-18 Rev 1/89

31. DATE FILED (Month, Dey, Year)
JUL 05 1991

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WILL	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be metified 💶
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	91-3638-510													
	FOR 1 - STATE REGISTRAR	STATE OF N		/ DEPAR					MENTAL HYG	IENE	9		18	1043
	1, DECEDENT'S NAME (First, Middle, Last)			ENTIF	ICATI		DEA		2. DATE OF DEA				2 TIME	OF DEATH
		₹.	-	15					MONTH	DAY		YEAR		
	Brenda 5 4. SOCIAL SECURITY NUMBER 5	5. SEX	Bro		IF UNDER	3 4 MEAR	IF UNDER	04 1000	7. DATE OF BIRT	29			9:3	O A " State or Foreign
	- ACC	1 M 2 V F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Day, Ye	er)	- 1	Count	(yri	
	215-78-0529	^	30	11177					7-16-1	960			M	d
_	9e. FACILITY NAME (If not institution, give sti	reet and number)			9b. CITY	r, TOWN C	R LOCATI	ON OF OE	ATH		9c. COUI	NTY OF C	DEATH	
<u>6</u>	9. FACILITY NAME (If not institution, give str 4305 4302 Conneticut Av RESIDENCE OF DECEDENT	renue Apa	rtment	102	Ba	ltim	ore				Bal	Ltim	ore	City
ច្ឆ	100. STATE 10b. COUNTY	-			ry, TOWN	OR LOCAT	TON .							SIDE CITY
DIRECTOR	Md				timon								LIN	AITS?
	10e. STREET AND NUMBER						. ZIP COD	-			10- CITI	TEN OF	WHAT CO	ES 2 NO
FUNERAL	4305 Connecticut Av	venue					21229				US		WHAI CO	UNIRTY
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S.						IIC ORIGIN? (Spec		or No—	14. RAC	E — Ame	rican Indien,
	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE W		()NO			2 X NO	Specify		ita.)		Spec	_	lack
ВУ														
Ӹ	15. DECEDENT'S EDUC (Specify only highest grade)			DECEDENT'S	work done	during mo	ON st of workli	107	16b. KIND C	F BUSI	NESS/INC	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	-)	ille. Do NOT u	ise retired.)			_						
N N	12th													
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								ME (First, Middle, A	faiden S	urname)			
BE (James Brown						Flo	rence	Smith					
70	19a. INFORMANT'S NAME (Type/Print)								Route Number, City					
F	James Br	rown		3211	Massa	chuse	tts A	venue	Baltin	moer	, Md	21229	9	
	20a, METHOD OF DISPOSITION 1 ☑ Burlet 2 ☐ Cremetion 3 ☐ Remo	ovat from State	other	E OF DISPO				natory or					own, State	
	4 Donetion 5 Other (Specify)		// h	<i>l</i> estern						Cato	nsvil	1e, 1	Md	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	/	n	22.		O ADDRE							
	Lugnin	D-1	cot	1		141	arch 1		esi abash Ave	nue				
	23. PART I, Enter the diseases, or o				not ente	r the mo					atory an	rest,		pproximate
	shock, of heart failure. I	List only one cau	ise on each II	ne.	1	1			1	1	1			nterval Between
	disease or condition	11	1 c M le	. //	1	101	, 1	ni	11/1	0	100	7	1	
	resulting in death)	DUE,TO	(OR AS A CONS	SEQUENCE C	OF):		er	1	6/20		we	-cc	- Care	
,	_	M	12:		711	1	l	4_	Qua					
Ó	Sequentially list conditions,	DUE TO	ION AS X CONS	SEQUENCE O	my.			1	1				-	
ΆΤ	cause. Enter UNDERLYING				3 1900				1					
F	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A CONS	SEQUENCE O	NF):									
CERTIFICATION	resulting in death) LAST													
22	7077 (1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												- 1	
MEDICAL	PART II. Other aignificant condition	s contributing to	death but no	t resulting	in the u	ndertyln	g cause	given in		ERFORM	WTOPSY MED?	24	AVAILAG	UTOPSY FINDINGS DLE PRIOR TO
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ME									_ 1				- POV	ES 2 NO
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ZIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				,		LACE OF E	EATH (Ch	eck only one)					
Sic	1 XYES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	4 A Nu		10 5 X R	esidence	8 - Other (Speci	fy)				
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF		28b. TII	JURY _	28c. IN.	URY AT		28d, DESCRIBE	HOW IN	JURY OC	CURED		
ВУ	1 Natural 5 Pending 2 Accident Investigation	Found	100	Fo	und 00		YES 2	NO X	Subjec	ct	Stra	angl	ed	
	3 Suicide 6 Could not be	28e. PLACE C	F INJURY - At atc. (Specify)	nome, farm,	street, fac	ctory, offic	×0		281. LOCATION (City or Town	Street ar	nd Numbe	r or Rural	Route Nu	mber,
핕	determined determined		home								ticu	ıt A	ve.	Apt 102
۳	290. CERTIFIER 1 CERTIFYING PHYSI			death occur	red at the	time, date	and plac	, and due						
COMPLETED	(Check only One) MEDICAL EXAMINE	COLUMN TO STREET											(e) end m	anner ee stated.
	198. SIGNATURE AND PTILE OF DESIGNEE		/	-				ENSE NUI						Day, Year)
BE	1117	11.	20				ZPG. LPC	LHOE HUI	moen -		ZBU. DAI	Latune	worth,	wey, roary

29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER 06

O.C.M.E WHO COMPLETEO CAUSE OF DEATH (ITEM 27) (Type, Print)

111 Penn Street, Baltimore Maryland 21201

ia Davidson-Randole 1991

DHMH-16 Rev 1/89

1991



DIVISION OF VITAL RECORDS, P.O. BOX 13146,

lien signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should of Health and Mental Hygiene prior to burial, cremation, or removal. ours after death. Page 6 may be retained by the hospital or attending physician. shows any injury, or other traumatic event, the medical examiner must be notified at once. refuse requires that the death certificate be executed within 2... I TO THE HOSPITAL OR ATTENDING PHYSICATOR TO THE FUNERAL DIRECTOR: After this fertilish be filed within 72 hours after death with 178 hours after death with 178 hours after death with 179 hours after death with 179 hours after 179 hours aft

1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFICA			MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle, L		:C. BOGGS			2. DATE OF DEATH MONTH D	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-03-7926	1 M 2 □ F	89! YRS. MON	THE DAYS H	F UNDER 24 HRS. OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3/15/1902	2 V	BIRTHPLACE (State or Foreign Country) 'irginia
99. FACILITY NAME (If not institution, of 1816 N. Smallwo Residence of Decedent	od Street (Re		Balti	MOPE	ATH	9c. COUNTY	OF DEATH
10a. STATE 10b. CO			wn or Location 1timore				10d. INSIDE CITY LIMITS? 17 YES 2 NO
100. STREET AND NUMBER 1816 N. Smallwo	od Street		10f. Zi	21216			OF WHAT COUNTRY? USA
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	if yes, speci		IC ORIGIN? (Specify Yes, Puerto Rican, atc.)	or No.— 14.	RACE — American Indian, Black, White, atc. Specify: Black
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	EDUCATION grade completed) College (1-4 or 5+)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	done during most of	of working	16b. KIND OF BU	SINESS/INDUST	
17. FATHER'S NAME (First, Middle, Las HENRY BOGGS	1		1		ME (First, Middle, Maiden IE BOGGS	Surname)	
190. INFORMANT'S NAME (Type/Print) EUGENIA BOGGS				Number or Rural R	BALTIMOF		
20a. METHOD OF DISPOSITION □ Burial 2 □ Cremation 3 □ 4 □ Donation 5 □ Other (Specify)	Removal from State	b. PLACE OF DISPOSITIO other place)					or Town, Stata
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	off	LEROY O		& SON FUN		OME, INC. 21207
23. PART Lenter the diseases shock, or heart fell IMMEDIATE CAUSE (Final disease or condition resulting in death)	ure. Liet only one ceuse of	METAS				iratory errest	i, Approximete Interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	CAR CAR	EL NOMA A CONSEQUENCE OF):	Pros	TATE	9		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):					
PART II. Other significant cond	Sitions contributing to deeth					RMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		THER:	CE OF DEATH (Ch			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending		28b. TIME OF	F 28c. INJUF	TA Y	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	RED
2 Accident investiga 3 Suicide a Could not 4 Homicide detarmin	28e. PLACE OF INJUR building, etc. (Spi	Y — At home, farm, stree			28f. LOCATION (Street City or Town, State		Rural Route Number,
const. oray	PHYSICIAN: To the best of my kno						ause(s) and menner as stated.
29b. SIGNATURE AND TITLE OF CEN	THESSOCI	19	:	D 175	ABER 37		IGNED (Month, Day, Year) 7 · 3 · 9 [
DALSHAW. S.		EATH (ITEM 27) (Type, Pri	/1	LAVE	BALTI	MORE	MD 21217
31. DATE FILED (Month, Day, Year) JUL 0.5 1991	is Davidson	NATURE Randall	1				/

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- 4	TO THE HISPITAL OF THENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FLINE MINISTER ME THE THIS CONTINUES has been signed by the attending physician and completely	Ē	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event,
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	(Lest)		-0.				2. DATE	OF DEATH	W 001	YEAR	3. TIME OF DEATN
	the second second second second	N.M. BE					Jun	E 30,™			_
4. SOCIAL SECURITY NUMBER 217-26-3922	6. SEX	6. AGE (In yrs. 73	lest birthday) YRS.	IF UNDER	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	of BIRTH		OHI	IPLACE (State or Foreign V) O
9a. FACILITY NAME (If not institution	, give street and number)			9b. CITY,	TOWN C	R LOCATION OF D	EATH		9c. COUN	TY OF D	EATH
FRANCIS SCOTT		CENTER	?	1	BAL	TIMORE (CITY				
	COUNTY		10c. CIT	Y, TOWN O	R LOCAT	TON					10d. INSIDE CITY
MARYLAND	BALTIMORE	70				UNDALK			I so orma		1 VES XX NO
1708 PIN OAK A	VENUE				101	. ZIP COOE 2122	22		10g. C1112		.S.A.
11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED			ENDENT OF NISPA	NIC ORIGI		or No-	14. RACE	E — American Indian.
1 Never Married 2 Marrie		YES 2 WAR OR OATES	□ NO			ecify Cuben, Mexic 2 NO Speci		Ricen, atc.)		Speci	k, White, etc. WHITE
15. OECEOENT (Specify only higher	'S EDUCATION at grade completed)	16e.	DECEDENT'S	USUAL OC	CCUPATIO	ON st of working	16	b. KINO OF BU	SINESS/INDI	USTRY	-
Elementary/Secondary (0-12)	College (1-4 or 6	+)	(Give kind of life. Do NOT u		Juning 1110	or or working		0.5		0.311	DILLI
10TH GRADE	N/A		SALE	S				Si	INGER	COM	PANY
17. FATHER'S NAME (First, Middle, L	est)					16. MOTHER'S N			Sumame)		
STEPHEN BAZAR							MARS	/	M	ARCC)
19e. INFORMANT'S NAME (Type/Prin	nt)	1.00				nd Number or Rural				,	
TERRY E. BEST		100	8210	BEACI	H DR	IVE BA	LTIN	IORE, 1	ND	2	1222
20s. METNOD OF DISPOSITION Disposition 3	Removal from State		CE AND DAT						CATION —		
4 Donation 6 Other (Specif	y)	DAK	AWN C	EMET	ERY	JULY 3	, 199	01 BA	LTIMO	DRE,	MARYLAND
21. SIGNATURE OF TUNERAL SER	W. Fis	h/		Dür	NAME AL DA-R 922	UCK FUNI WISE AVI	ERAL	HOME (OF DUN		K, INC. 21222
23. PART I. Enter the disease	s, or complications th	at caused the	daath. Do							eat,	Approximate
	allure. List Dnly Dna ce	use on aach i	ina.								
IMMEDIATE CAUSE (Final											
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disease or condition	a. anoi				ney	2.21					Onset and De
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disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING					ney	nga).					Onset and Do
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requires that the odder certificate of executed within 2. Though aries beauti.	been signed by the attending physician and completely filled in by the funeral illiners, may 5 shaked a companion for season burlat-transit permit.		77.5
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Marie Se	n 5 sheu	-	e notified
dam o of	rector, pag		must be
Dogni. La	funeral if		examiner
ממום מוופו	d in by the	or removal	medical
10 III 64 II	letely filled	emation,	nt, the
מ בעפרתופת א	an and comp	. of Health and Mental Hygiene prior to burial, cremation, or removal.	shows any injury, or other traumatic event, the medical examiner must be notified at once
cel uncare o	fing physici	ygiene prior	other tra
חוב חבקחו	the attend	Mental H	injury, or
chanes man	en signed by	of Health and	hows any l
Í	8	-	69

Pages 1, 2, 3 should

		G-68 6 per MEO, 4/15/92 gn	
1	9 10R3672-510 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENI REG. NO.

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									3. TIME OF DEATH				
-1	RALPH BUCHANAN, JR									7 1 1991			10:00 A M	
-	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthde					IF UNDER	1 YEAR	IF UNDER	MIN.	7. DATE OF B (Month, Day	y, Year)		8. BIRTH Countr	IPLACE (State or Foreign ry)
-1	218 36 64		1 ☑ M 2 ☐ F	49	YRS.					1/21/1942 Marylar				
_	9a. FACILITY NAME (If not institution, give street and number)					9b. CITY,	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH							
DIRECTOR	1100 EAST FORT AVENUE						BAI	LTIMO	RE C	ITY		===:		=
S	10a. STATE					CITY, TOWN OR LOCATION 10d. INSI					10d. INSIDE CITY			
8	Maryland	Ba:	Baltimore							LIMITS?				
A	10e. STREET AND NUMBER						101. ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?			
FUNERAL	613 Jeff	rey St	reet			21225				U.S.A				
5	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDEN	TEVER IN U.S. AF						HC ORIGIN? (S		or No—	14. RACE Black	E — American Indian, k, White, atc.
B	3 Widowed 4 Divo			WAR OR DATES				S 27 NO					Speci	white
COMPLETED	15. DEC (Specify onl)	EDENT'S EDU	CATION completed)	16a. DE	CEDENT'S	USUAL O	CUPAT	ION nost of work	ina	16b. KIN	D OF BUS	NESS/INC	DUSTRY	
9	Elementary/Secondary (College (1-4 or 6	+)		se retired.)	-365	nost of world		01	othi	na		
₽ E	11th Grade			'l'a	ilor									
BE CO	17. FATHER'S NAME (First, M		alph E.	Buchana	an S	Sr.		16. MOT	'HER'S NA	ME (First, Middl Heler			vine	ess
10 8	Patricia L		ning					and Number		Baltin				nd 21225
	20a. METHOD OF OISPOSIT	on 3 🗆 Rem	noval from Stata	20b. PLACE of cemetary	, cremator)	or other p	lace)		lom	DATE				own, State
4 Donation 5 Other (Specify) Md. State Veterans Cem. 7-5 Crownsville, Mary] 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY														
	exu	Vaca	LO	On	w	(nce Fu chie Hv				.A. e, Md. 21225
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Due To (or as a consequence of): Onset end D Due To (or as a consequence of):								Interval Between Onset end Death					
H	that initieted events resulting in death) LAS	ST .	4											
	DARK II. Oak l Idl.	and a second distant	u										Torre	
MEDICAL	PART II. Other significa	ant condition	ns contributing to	death but not	resulting	in the ur	ideriyi	ng cause	given in	Part I. 24	PERFOR		248	D. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE
ă										— 1½	ES 2	□ NO		OF DEATH?
_										-				YES 2 NO
A N	25. WAS CASE REFERRED	TO MEDICAL				-	26	DI ACE OF	DEATH //CA	neck only one)				
딣	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	2 II DOA	OTHE	R:			6 Other (Sc				
PHYSICIAN:	27. MANNER OF DEATH	Pending	26a. DATE O		26b. TII		26c. II	NJURY AT YORK?	□ NO	28d. OESCRI		NJURY OC	CURED	
ED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined		OF INJURY — At h	ome, farm,	street, fac					ON (Street a	nd Numbe	r or Rural	Route Number,
ш					_									
COMPL	(oncon only		ER: On the best of											a) and manner as stated.
BE	296. SIGNATURE AND TITU	E OF CERTIFIE	22)~				29c. LK	OCM			29H. DAT	en per per cons	0 (Month, Day, Year)
٩	30. NAME AND APPRIESS OF	F PERSON W	HO-COMPLETED CAL	SE OF DEATH (IT	EM 27) (Typ		1 1	ENN			LTIMO			YLAND 21201
	31. DATE FILED (Month, Day	10.51130	32. REGISTR	AR'S SIGNATURE	0.0						OI III	CAMPLE S	A MANUAL PROPERTY AND ADDRESS OF THE	LINE 21201
	JUL 05 19	991	The world	son-Aande	Dian.									

BALTIMORE, MARYLAND 21203-3146

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (First, Middle, Last) ELEANOR V, BIRD 2. DATE OF DEATH MONTH MONTH DAY 0.7 0.3 9										9	YEAR 3.	TIME OF DEATH		
	4. SOCIAL SECURITY NUME 2/2-05-1	042		6. AGE (In yrs. le	est birthday) YRS.		DAYS	IF UNDER	MIN.	7. DATE OF B (Month, De)	MRTH V. Your	17	8. BIRTHPL Country)	ACE (State or Foreign
OR	Stella Maris Hospice						96. CITY, TOWN OR LOCATION OF DEATH TOWSON Baltimore							
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, T					Y, TOWN DR	TOWN DR LOCATION						10d. INSIDE CITY	
10	Maryland Anne Arundel Gle:					en Bu	n Burnie					1 ☐ YES 2 ☑ NO 10g. CITIZEN OF WHAT COUNTRY?		
ÉR/	1003 Stane	Rd.						8	210			US	SA	
B	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDEN FDRCES? 1 IF YES, GIVE V	YES 2 X		er :	res, spe	cify Cuba		, Puerto Ricar	Specify:			American Indian, White, etc. White
BE COMPLETED	15. DEC (Specify onl Elementary/Secondary (C	-	CATION completed) College (1-4 or 5-	·)					10		tors			
SOM	17. FATHER'S NAME (First, M	liddle, Lest)				F		18. MOTH	HER'S NAM	ME (First, Middle				
	Willard Bl:		Jones		or man and	ADDRESS	~			et Mar	<u> </u>	_		
임	Mr. Peter									, MD			Code)	
	20a. METHOD OF DISPOSIT 1 X Burial 2 Crematic 4 Donation 5 Other	on 3 🗆 Remo	oval from State	other i	E OF DISPO	SITION (Nam	of com	etery, crem	natory or		20c. LOCA			, State
	21. SIGNATURE OF FUNERA	L SERVICE LIC		elf		22. N. Lo	rin;	By	ers		l Dir	ecto	ors,	
MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiac or reapiratory erreat, shock, or heart fellura. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST LUNG CANCER WITH METASTFAS ES DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Onset and Death				
2	PART II. Other significa	ant condition	s contributing to	death but not	resulting	In the und	erlying	cause	given in i	Part I. 24				ERE AUTOPSY FINDINGS
	PART II. Other significant conditions contributing to death but not resulting in						PERFORMED? 1 TYES 2 TO NO OF D					MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 27 NO		
CIA	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:		ACE DF D	EATH (Che	eck only one)				
BY PHYSICIAN:	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending Investigation	1 Inpatient 2 I	INJURY	28b. TI	4 🗆 Nurel	8c. INJU	JRY AT		6 M Other (Sp 28d. DESCRI				
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									nte Number,				
COMPLETED	one)		CIAN: To the best of a											ind manner as stated.
TO BE	29b. SIGNATURE AND TITLE CALLA 30. NAME AND ADDRESS O	J. al	exand		EM 27) (Tvo	a. Print)			270			▶ O	7- C	100th, Day, Year)
	Carla S.	Alexa	nder, M.1) St	ella		Но	spic	e-Du	laney	Valle	ey Ro	lTo	wson
	JUL 05 19	191	2 , 32. AEGISTA,	ar's signature	22									

BALTIMORE, MARYLAND 21203-3146

TO BE COMP	TO BE COMPLETED BY PHYSICIAN MEDICAL CERTIFICATION
il examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 22 shorts any injury, or other traumatic event, the medical examiner must be notified at once.
the funeral director, page 5 should be detached val.	TO THE FUNERAL DIRECTOR: After this certificate has been appeared by the attendant provides and completely filled in by the funeral director, page 5 should be detached be filled within 72 hours after death with the State Deport Hearth and Mental Hopers prior to burial, cremation, or removal.
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 - corr after death. Page 6 may be retained by the hosp

	1 - FOR STATE REGISTRAR	STATE OF N			ICATE				********	REG. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE O	OF DEATH DA		EAR 3.	TIME OF DEATH
	BRADLEY R. BAKER 4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	t hirthriau)	IF UNDER	1 VEAR	IF UNDER	24 MDS	7. DATE C	E BIRTH	1991	BIRTHOI A	10:35 A M
	184-14-1360	1 XM 2 F	69	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year) 23-22		Country)	YLVANIA
	9e. FACILITY NAME (If not institution, give s	street and number)					R LOCATI	ON OF OE					
5	VA MEDICAL CENTER FORT HOWARD						IARD		BALTIMORE				
DIRECTOR	100. STATE 10b. COUNTY MARYLAND BALTI				Y, TOWN O		ION						d. INSIDE CITY LIMITS? YES 2 1 NO
_ 1	10e. STREET AND NUMBER				71 1110		ZIP COD	E		-	10g. CITIZEN		T COUNTRY?
FUNEHAL	2000 ODELL AVENUE,	, APT. 10	4				2123	37			UNIT	ED ST	TATES
BY FUR	1 Never Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black,							Black, W Specify:	American Indian, hite, etc.				
בט	15. DECEDENT'S EDU (Specify only highest grade	ICATION	18e, DE	CEDENT'S	USUAL O	CCUPATIO	ON of world		18b.	KINO OF BUS	I SINESS/INOUS		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
COMPLEI	Elementery/Secondery (0-12)	College (1-4 or 5	Ma	Do NOT u	m Sh	(rg .		Arm	140	Sta	el
BE CO	17. FATHER'S NAME (First, Middle, Last)	39 Ker	-		V		18. MOT	HER'S NA	ME (First, M	liddle, Maiden	Sumame) Ma	lee	5
2	19e. INFORMANT'S NAME (Type/Print)										n, State, Zip Co		
	CLINICAL RECORDS 200. METHOD OF DISPOSITION	,	20b. PLACE	OF DISPO		_			, FOR		ARD, M		1052 State
	1 Buriel 2/A Cremetion 3 Rem 4 Donation 5 Other (Specify)	ioval from State	other pl	ace) [//	etro	Cre	rest	W-			Val-	D M	12.
	21. SIGNATURE OF FUNERAL SERVICE LI	CEMBER			22.	NAME AN	O ADDRE	SS/OF FA	CILITY	\ i	CVAC	hil lec	sodale F.H.
	6/12	XUT				211	lesa	Co H	19 94	cose da	16 Mg	d	23
	23. PART I. Enter the diseases, or	complications the											
	ahóck, or heart fallure. IMMEDIATE CAUSE (Finsi diseasa or condition resulting in death)	. CORON	ARY OCCI	LUSIO	ON	r tha mo	da of dy	ing, auci	h as card	lac or reap	iratory arres	ι,	Approximate interval Between Onset and Daath
	IMMEDIATE CAUSE (Finsi disease or condition	a. CORON	ARY OCCI	LUSIO	ON DF):		de of dy	ing, auci	h as card	lac or reap	iratory arres		Intarval Between Onset and Daeth
ALION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING	B. CORON	ARY OCCI	LUSICOUENCE C	ON OF): OISEA		de of dy	ing, auc	h as card	lac or reap	iratory arres		Interval Between
HILLAHON	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate	a. CORON DUE TO C.	ARY OCCI	LUSICOUENCE C	ON OF): OISEA OF):		da of dy	ing, auci	h as card	lac or reap	ratory arres		Intarval Between Onset and Daeth
L CERTIFICATION	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. CORON DUE TO C. DUE TO d.	ARY OCCI OR AS A CONSE	LUSICOUENCE C	ON DISEA DISEA DED:	ASE				24a, WAS AN		24b. WE	Interval Between Onset and Daath YEARS
ICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CORON DUE TO b. CORON DUE TO c. DUE TO d	ARY OCCI OR AS A CONSE	LUSICOUENCE COUENCE CO	ON OF): OISEA OF): In the u	ASE	g cause				AUTOPSY RMED?	24b. WF	Interval Between Onset and Daath YEARS ERE AUTOPSY FINDINGS RILABLE PRIOR TO MPULETION OF GAUSE
MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. CORON DUE TO b. CORON DUE TO c. DUE TO d	ARY OCCI OR AS A CONSE	LUSICOUENCE COUENCE CO	ON OF): OISEA OF): In the u	ASE	g cause			24a, WAS AND PERFOI	AUTOPSY RMED?	24b. WE AWA	Interval Between Onset and Daeth YEARS ERE AUTOPSY FINDINGS RILABLE PRIOR TO
MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition OLD M. I., DIABET	a. CORON DUE TO b. CORON DUE TO c. DUE TO d	ARY OCCI OR AS A CONSE	LUSICOUENCE COUENCE CO	ON OF): OISEA OF): In the u	ASE	g cause	given in	Part I.	24a, WAS AN PERFOI	AUTOPSY RMED?	24b. WE AWA	Interval Between Onset and Daath YEARS PRE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE DEATH?
MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST	a. CORON DUE TO C. DUE TO d	ARY OCCI OR AS A CONSE	ERY I OUENCE COUENCE C	ON OF): OISEA OF): In the ut	ASE Inderlying EFT A	g cause	given in		24s. WAS AN PERFOI	AUTOPSY RMED?	24b. WE AWA	Interval Between Onset and Daath YEARS PRE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE DEATH?
PHYSICIAIN MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition OLD M. I., DIABET 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	a. CORON DUE TO b. CORON DUE TO c. DUE TO d. TES MELLI HOSPITAL: 1 Input lent 2 28e. DATE OI (Month, 4)	ARY OCCI OR AS A CONSECTION OF A	CLUSICOUENCE COUENCE C	ON OF): OISEA OF): In the ui /P LE	SE Inderlying ZEFT A ZEFT A ZEFT INDER g cause	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED?	24b. WE AW CC OF	Interval Between Onset and Daath YEARS PRE AUTOPSY FINDINGS RILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
BY PHYSICIAIN MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition OLD M.I., DIABET	a. CORON DUE TO b. CORON DUE TO c. DUE TO d	ARY OCCI OR AS A CONSECTION OF A	ERY I OUENCE COUENCE C	ON OF): OISEA OF): In the ut /P LE	26. PI	g cause AKA LACE OF E OB 5 XR PRINTY AT PRINTY PES 2 [given in	Part I. Deck only on 8 Other 28d. DES	24a. WAS AN PERFOI 1 YES 2	AUTOPSY RMED? INJURY OCCUI	24b. WE AM COOP 1	Interval Between Onset and Daath YEARS ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAIN MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evants resulting in death) LAST PART II. Other significant condition OLD M. I., DIABET 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. CORON DUE TO C. DUE TO d	JARY OCCI OR AS A CONSECTION OF INJURY — At he, stee, (Specify)	TOURNE COURNE CO	ON OF): OISEA OF): In the ui /P LE OTHE 4 Nu ME OF JURY M street, fac	28. Pt 28. Pt 28. Pt 28. WC 1 ctory, office	g cause AKA LACE OF I DIE 5 KR URY AT DRK? 2 [DR end plece	given in DEATH (Ch asidence NO	Part I. Beck only on Check DES 284. LOC. Chy on	24a. WAS AN PERFOIL 1 YES 2 (Specify) CRIBE HOW ATION (Street or Town, State, see(e) end ma	AUTOPSY RMED? INJURY OCCUI	24b. WE AM CCO OF 1	Interval Between Onset and Daeth YEARS PREALITOPSY FINDINGS AILABLE PRIOR TO DAITHY TO EATHY YES 2 NO
COMPLETED BY PHYSICIAM MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition OLD M. I., DIABET 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. CORON DUE TO b. CORON DUE TO c. DUE TO d	JARY OCCI OR AS A CONSECTION OF INJURY — At he, stee, (Specify)	TOURNE COURNE CO	ON OF): OISEA OF): In the ui /P LE OTHE 4 Nu ME OF JURY M street, fac	28. Pt 28. Pt 28. Pt 28. WC 1 ctory, office	g cause AKA LACE OF E 10	given in DEATH (Ch asidence NO	Part I. Beck only on 8 Other 28d. DES 28f. LOC. City on to the cause time, date	24a. WAS AN PERFOIL 1 YES 2 (Specify) CRIBE HOW ATION (Street or Town, State, see(e) end ma	I AUTOPSY RMED? E NO INJURY OCCUI end Number or nner se stated and due to the o	24b. WE AM COOP 1 () The Coop I ()	Interval Between Onset and Daath YEARS ERE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAIN MEDICAL CE	IMMEDIATE CAUSE (Finsi disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition OLD M. I., DIABET 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. CORON DUE TO b. CORON DUE TO c. DUE TO d	ARY OCCI OR AS A CONSECTION OF A	DOMENCE COUENCE COUENC	ON OF): DISEA OF): In the ui P LE OTHE A - Nu ME OF JURY M street, fac	28. Pt 28. Pt 28. Pt 28. WC 1 ctory, office	g cause AKA LACE OF E 10	given in DEATH (Ch asidence NO No	Part I. Beck only on 8 Other 28d. DES 28f. LOC. City on to the cause time, date	24a. WAS AN PERFOIL 1 YES 2 (Specify) CRIBE HOW ATION (Street or Town, State, see(e) end ma	I AUTOPSY RMED? E NO INJURY OCCUI end Number or nner se stated and due to the o	24b. WE AM COOP 1 () The Coop I ()	Interval Between Onset and Daath YEARS PRE AUTOPSY FINDINGS RILLABLE PRIOR TO MPLETION OF CAUSE F DEATH? YES 2 NO

32. REGISTRAR'S SIGNATURE

BOX 13146,	
BOX	
. r.c.	
- VIIAL RECORDS,	
VIIAL	
5	
NOISIAN	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-cours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the purity-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial. cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE	91	18049
CERTIFICATE OF DEATH REG. NO.		

	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / D CEF	EPARTMENT OF H		NTAL HYGIENE REG. NO.	91 18049
	1. DECEDENT'S NAME (First, Middle, Last) JESSIE	I CO	WMAN	2.	DATE OF DEATH DAY	YEAR OF DEATH
	110 11 C-01	SEX 8. AGE (In yrs. last bi	8. BIRTHPLACE (State or Foreign Country)			
TOR	99. FACILITY NAME (If not institution, give street SSWICK PUR RESIDENCE OF DECEDENT	and number) Sinb Homs	96. CITY, TOWN	DUNTY OF DEATH		
FUNERAL DIRECTOR	100. STATE 10b. COUNTY		10c. CITY, TOWN OR LOCA	TORS		10d. INSIDE CITY LIMITS? 1150 YES 2 \(\square\) NO
ERAL	10a. STREET AND NUMBER	36 57855	10	ZIP CODE	10g. C	CITIZEN OF WHAT COUNTRY?
BY FUN		. WAS DECEDENT EVER IN U.S. ARME FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, sp	ENDENT OF HISPANIC Cocity Cuban, Mexicon, P	ORIGIN? (Specify Yee or No— verto Ricen, etc.)	14. RACE — American indien, Black, White, etc. Specify:
COMPLETED E	15. DECEDENT'S EDUCATI (Specify only highest grade com	npleted) (Give	DENT'S USUAL OCCUPATI kind of work done during me o NOT use retired.)	ON ist of working	16b. KIND OF BUSINESS/I	INDUSTRY
OMPL	17. FATHER'S NAME (First, Middle, Lest)		AT HO	18. MOTHER'S NAME	(First, Middle, Malden Surname	0)
BE C	DANIELS	KRAFT		MAR	y F.	<u> </u>
5	190. INFORMANT'S NAME (Type/Print)	2030	SAC		BOVS	Zip Code)
	20a. METHOD OF DISPOSITION 1 Method 2 Cremation 3 Removal 4 Donetion 5 Other (Specify)	from State 20b. PLACE OF other place	DISPOSITION (Name of ce	metery, crematory or	20c. LOCATION	- City or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS		22. NAME A 2 V A	NO ADDRESS OF FACILIAND HARE	120 F MEM	PARKVILLE
	23. PART I. Enter the diseases, or com shock, or heart fellure. List IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	Apheime	K	de of dying, such e	s cerdiec or respiratory	srrest, Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO (OR AS A CONSEQU	ENCE OF):			
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions of	contributing to deeth but not res	sulting in the underlyin	g csuse given in Pa	rt I. 24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. P	LACE OF OEATH (Check	only one)	
HYS	27. MANNER OF DEATH	Inpatient 2 ER/Outpatient 3 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. IN	ne 5 ☐ Residence 6 ☐ JURY AT 26 DRK?	Other (Specify) 8d. DE\$CRIBE HOW INJURY (OCCUREO
BY	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home building, atc. (Specify)	M 1 🗆	YES 2 NO	8t. LOCATION (Street end Num City or Town, State)	nber or Aural Aoute Number,
COMPLETED	4 Homicide determined 29a, CERTIFIER 1 CERTIFYING PHYSICIAL	N: To the best of my knowledge, deat	h occurred at the time det	and place, and due to	the causals) and manner as	stated
COMP	one) 2 MEDICAL EXAMINER:	교육하다 하지만에 하는 그리고 하는 사람이 되었다.				to the ceuse(a) end menner ee stated.
BE	29b. SIGNATURE OF THE OF CHILDREN	D		29c. LICENSE NUMBE	29d. D	DATE SIGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF DEATH (ITEM	27) (Type, Print) 565 N. C	hailæs St.	. , Balto.	Md. 21204
	31. DATE FILED (Month, Gar. Ver) 5	32 REGISTIAR'S SIGNATURE Fulia Davidson	- Randese			

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3	\$ 5
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN THE NEW DOCUMENT THE CHARGE CONTINUES TO WITHIN	TO THE FUNERAL DIRECTOR: After this certificant has been been added by the attending physician and complete be filed within 72 hours after death with the State Deep of heart man benefit Hygiene prior to burlal, crem.
	F	= 5

1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM	MENT OF HE	ALTH AND M	ENTAL HYGIENE REG. NO.	91 1	8050	
1. DECEDENT'S NAME (First, Midd			77		2. DATE OF DEATH MONTH DAY	YEAR	3. TIME OF DEATH	
Edith B. Da					June 30.	1991	11:30 A M	
4. SOCIAL SECURITY NUMBER 078-10-1440D	5. SEX 6. AGE	OURS MIN.	7. DATE OF BIRTH (Month, Day, Year) MAY 31,190	O NAT	HPLACE (Steep or Foreign of AL South Af			
9a. FACILITY NAME (If not institute Montgomery	on, give street and number) General Hosp: ENT	LOCATION OF DEA	of DEATH Sc. COUNTY OF DEATH Montgomery					
RESIDENCE OF DECEDI	TOWN OR LOCATIO		THOME &	10d. INSIDE CITY				
MD.		NDY SPR				LIMITS?		
10e. STREET AND NUMBER			IP CODE	log. CITIZEN OF	TIZEN OF WHAT COUNTRY?			
17350 QUAKE	R LANE		20860		USA			
11. MARITAL STATUS 1 Never Married 2 Merri 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 ∰NO	If yes, speci		C ORIGIN? (Specify Yes of Puerto Ricen, etc.)	Bla	CE — American Indian, ck, White, etc. WHITE	
15. OECEDEN (Specify only high	T'S EDUCATION est grade completed)	16a. DECEDENT'S US	k done during most	of working	166. KIND OF BUSIN	ESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+) 4.	HOMEM			ном	7		
17. FATHER'S NAME (First, Middle,		HOMEN		IS. MOTHER'S NAM	E (First, Middle, Maiden Su			
FRED ROBER	T BUNKER		J		BELLE HELI		HARDS	
194, INFORMANT'S NAME (TYPO/P) VIRGINIA D.	HODGE				oute Number, City or Yown,			
					7 BETHESDA		20814	
20a. METHOD OF DISPOSITION 1 Buriel 2 Cremation 3	☐ Removal from State	other place) METROPOLI	CONTRACT CONTRACT		1211	TION — City or		
4 ☐ Donation 5 ☐ Other (Special Signature OF Funeral Set		METROPOLI		ADDRESS OF FAC		ANDRIA,	VA.	
mus	DON-Ka.	1. 1			BER FUNERAL		ILLE,MD.2088	
interval Between Onset and Death disease or conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST interval Between Onset and Death (6/28/9) DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other eignificant conditione contributing to death but not resulting in the underlying cause given in Part J. 24a, WAS AN AUTOPSY PROFORMED? 1 YES 2 NO OF DEATH? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO OTHER: 1 OTHER: 1 OTHER: 1 OTHER: 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28. DATE OF INJURY (Month, Day, Year) 28. TIME OF 18. INJURY AT WORK?								
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:	Te	26. PLA	CE OF DEATH (Che	ck only one)			
1 TYES 2 NO	1 Diripetient 2 ER/OL 28s. DATE OF INJURY	rtpetient 3 DOA 4	☐ Nursing Home		Other (Specify) 28d. DESCRIBE HOW IN.	HEY CONTRACT		
1 Tetural 5 Pend	(Month, Day, Year,	INJUF	RY WORK		200. DESCRIBE NOW IN.	OHT OCCURED		
3 Suicide 6 Coul	1 not be mined 28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, struecify)			281. LOCATION (Street and City or Town, State)	d Number or Flure	il Route Number,	
ann)	IG PHYSICIAN: To the best of my kno						e(s) and manner as stated.	
296. AQUATUM AND TITLE OF 30. NAME AND ADDRESS OF PER	SON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Boxe P		DOS	809	Pad. DATE SIGNI	ED (Month, Day, Year)	
31. DATE FILED (Month, Day, Year)	LOONE L	L, MD.	2901	ngo	es Rd.	Que	M2882	
JUL 05 199	11 Julia Davidson	-gandell						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.
	2. DATE OF DEATH

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF H		NTAL HYGIENE					
	1. OEC. "ENT'S NAME (First, Middle, Last)				2.	DATE OF DEATH		3. TIME OF DEATH			
	MARCARET	A. EGENHOEFER			4	MONTH DAY	YEAR 9/	3300h "			
	4. SOCIAL SECURITY NUMBER		yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. 7.	DATE OF BIRTH		THPLACE (State or Foreign			
	217-48-3559	1 D M 2 OF 93	YRS.	MONTHS DAYS	MONTHS MINI	(Month, Dey, Year) OV.9, 189	Cour	D.			
	9a. FACILITY NAME (If not institution, give										
<u>بر</u> ا	MERIDIAN NURSING	ERIDIAN NURSING HOME-PERRING PKWY. BALTIMORE BALTIMORE									
5	RESIDENCE OF DECEDENT				DAILE THORE						
DIRECTOR	MARYLAND 106. COUNT			r, town on locat BALT IMOI			10d. INSIDE CITY LIMITS? 1 XXVES 2 \(\text{NO}\) NO				
اب	10e. STREET AND NUMBER	TREET AND NUMBER					10g. CITIZEN OF	WHAT COUNTRY?			
FUNERAL	3430 WOODSTOCK AVENUE				21213		U. S	. A.			
B	11. MARITAL STATUS 14 Never Married 2 Merried 3 Widowed 4 Divorced	I IF YES, GIVE WAR OR DATES			CENDENT OF HISPANIC C ecify Cuben, Maxicen, Po SXX NO Specify:		te or No— 14. RACE — American Indien, Black, White, etc. Specify: WHITE				
요	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPATION	ON	16b. KIND OF BUS	INESS/INDUSTRY				
COMPLETED	(Specify only highest grad Elementary/Secondary (0-12)	Coflege (1-4 or 5 +)	life. Do NOT us	vark done during mo e retired.)	ist of working						
2	NA	NA	UNEMP	LOVED			_				
Σ	17. FATHER'S NAME (First, Middle, Last)	6021	HOIED	18. MOTHER'S NAME (Eine Adiabate Adelate of	D					
8	LAWRENCE EGENI	HOEFER									
띪		HUEFEK			KATHERINE						
2	19e. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural Route	Number, City or Town	, State, Zip Code)				
۲Į	MARTIN J. EGENHOI	EFER (BROTHER)	3430	WOODSTO	CK AVE., E	BALTIMORE	. MD. 2	1213			
	201 METHOO OF DISPOSITION		PLACE OF DISPOS		metery, cremetory or		CATION — City or				
	A Buriel 2 Cremetion 3 Per 4 Donatton 5 Other (Specify)	novat from State MO	ST HOLY	REDEEME	R CEMETERY	RAT	TIMORE,	MD			
	21. SIGNATURE OF FUNERAL SERVICEAL		Λ	22. NAME A	ND ADDRESS OF FACILITY	rv	-	MD.			
	SCHIMUNEK FUNERAL HOMES, INC. 3331 BREHMS LANE, BALTIMORE, MD. 21213										
	23. PART I. Epter the diseases, or	complications that caused	the deeth. Do r					Approximate			
	nock, or heart failure	. List only one cause on each	h line.		,		,	Interval Between			
	IMMEDIATE CAUSE (Fine)	_11	25	10				Onset and Death			
	disesee or condition resulting in deeth)	· At	SCD	N							
		DUE TO (OR AS A	CONSEQUENCE OF	r):							
z l		h									
의	Sequentielly liet conditions, If any, leading to immediate	DUE TO (OR AS A C	CONSEQUENCE OF	F):							
CERTIFICATION	ceuse. Enter UNDERLYING	er UNDERLYING									
Ĕ j	CAUSE (Diseese or Injury that initieted events										
ĒΙ	trial influence events										
兴		d									
ĭ	PART II. Other eignificent condition	ons contributing to deeth bu	t not resulting	in the underlyin	g ceuse glyen,ia Par	t I., 34a. WAS AN		4b. WERE AUTOPSY FINDINGS			
5		Fractur	1 4	MAIN		4/6 PERFOR	1	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
Ö.		1 40/01		(Company	100 1311	1 1 YES 2	CNO	OF DEATH?			
Σ						- 1		1 YES 2 NO			
z											
PHYSICIAN: MEDI	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				CACE OF DEATH (Check	only one)					
<u>s</u>	1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/Outpet	tlent 3 🗆 DOA	OTHER:	ne 5 🗆 Residence 6 🗅	Other (Specify)					
<u></u>	27. MANNER OF DEATH	26e. DATE OF JNJURY	26b. TIM	E OF 28c. IN	JURY AT 28	d. DESCRIBE HOW II	NJURY OÇCURED				
	1 Natural 5 Pending	(Month, Day, Your)	1 11/2	W I	YES 2 1 HO	Follo	111	To Interior			
B	2 Accident Investigation	28e. PLACE OF INJURY -	At home form	3/	1	t, LOCATION (Sifeet a	elling 1	1970 None			
	3 Suicide 8 Could not be	building, etc. (Specifi		10 2	a alberto	Toly or Town, State)	AL DES	to Ind			
Εl	Tiomicros determined	IFILM dda	11111	Pm	19 1K4/	errina 1	1/4/4/10	MINATH KC			
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHY	SICIAN: To the best of my knowle	dge, death occurr	ed at the time, date	e end place, end due to t	the cause(e) and man	ner as stated.	31 = 1			
Ξ	amai	NER: On the basis of examination	end/or investigation	on, in my opinion,	death occured at the time	e, date and place, en	d due to the ceus	e(e) end manner ee steted.			
8											
BE	296. BIGNATURE AND TITLE OF CERTIFI	10	. /	10.0	LICENSE NUMBER	R	29d. DATE SIGN	ED (Month, Day, Year)			
	-marles	+unon	nell	MA	10-02	20-0	6/2	29/9/			
임	30. WANT AND ADDRESS OF PERSON W	VHO COMPLETED CAUSE OF DEA	TH (ITEM 27) (Туро	, Print)	/ /		1=	21093			
	CA) PYREL-C	Dornolli	m1)_2	BALL	Wanda	2/10/1/2/	lim	and and			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNA	TURE	7	, of con	TO THE	11100	MINN MA			
	JUL 05 1991	Julia Davidson-18	nde 82			1					
- 1		" -A .ord to .or (MOO) A									

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BALLIMURE, MARTLAND ZIZIS-0020	in 24 hours after death. Page 6 may be retained by the hospital or attending physician.	by filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages ation, or removal.	, the medical examiner must be notified at once.
DIVISION OF VIAL MECORDS, P.O. BOX 88/80,	TO THE HOSPITAL OR ATTENDING PHYSICIA. The management that continues the executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate and present and the pure attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages be filled within 72 hours after death with the Sure Death, contrast Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 thous any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL

REGISTRAR		CE	RTIF	CATE	F DEATH	1	REG. NO					
1. DECEDENT'S NAME (First, Middle, Last) GEORGE		A. FENWICK				DATE OF DEATH	19 9 °1	3. TIME OF OEATH 7:24 P				
4. SOCIAL SECURITY NUMBER 218-62-7314	5. SEX 6 12√30M 2 ☐ F	38	birthday) YRS.	IF UNDER 1 YE		WIN.	DATE OF BIRTH (Month, Day, Year) 2 - 2 2 - 5 3	8. B	IRTHPLACE (State or Foreign buntry) M D			
918 MCKEAN	9a. FACILITY NAME (If not institution, give street and number) 9 18 MCKEAN AVENUE			96. CITY, TOWN OR LOCATION OF GEATH BALTIMORE CITY								
RESIDENCE OF DECEDENT									Laterana			
MD 106. COUN	MD			LTIMC	RE CIT	Y			10d. INSIDE CITY LIMITS? YES 2 NO			
918 McKean Av	918 McKean Avenue			101. ZIP CODE 2 1 2 1 7					S.A.			
11. MARITAL STATUS 14 Never Merried 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES			2 XNO If yes, specify Cuben, Maxican, Puerto Rican, etc.)								
15. OECEDENT'S ED		16a, DEC	EDENT'S	USUAL OCCU	PATION		16b. KIND OF BU	SINESS/INDUSTF	RY			
(Specify only highest grad	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)			vork done durin ne retired.) .bled	g most of working		3	G. BOSINESONING				
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER	I'S NAME	(First Middle Maider	Sumamel				
Samuel B. F	enwick			18. MOTHER'S NAME (First, Middle, Maiden Surname) Estelle Shivers								
19a. INFORMANT'S NAME (Type/Print) Bessie	Fair						Baltim					
20a. METHOD OF DISPOSITION 1X Burial 2 Cremation 3 Ra 4 Donation 5 Other (Specify)	1X Burial 2 Cremation 3 Removal from State				Cemete	ry		tonsv	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY WM.C. MARCH F.H. 1101 E. NORTH A									. NORTH AV			
disease or condition resulting in deeth) a												
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST												
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition												
PART II. Other significant condition SCHIZOPHRENIA	one contributing to d	leath but not n	esulting	in the under	lying couse giv	ren in Pa		RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION DF CAUSI OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL												
EXAMINER? HOSPITAL: OTHER:												
XX YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ I	-	265. TIN		Home 5XXResk	7	ence 6 Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED					
1 Natural Pending					WORK?	_						
3 Suicide 4 Could not be detarmined 6 Could not be detarmined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)												
CONTROL ONLY	SICIAN: To the best of n								use(s) and menner as stated			
296. SIGNATURE AND WILE OF CERTY	6/	2			29c. LICEN	SE NUMBE	ER	29d. DATE SK	GNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CAUSE	OF DEATH (ITE	W 27) (Type			OCME	יתו דאנד וחי	MODE A	01 199			
31. DATE FILED (Month, Day, Year)	32/INEGISTRAR	TS fedoratures	2	11	1 PENN S	TREE	T BALTI	MOKE, N	MARYLAND 212			
JUL 05 1991	The participan	4										

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law reported that the property of the hospital part of the property of the propert	TO THE FUNERAL DIRECTOR: After this certificate has been upper to the mean of the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Heath are mental experience prince to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any import of other traumatic event, the medical examiner must be notified at once.	
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e law re	has been bept. of	n 23 show	
AN: The law re-	tificate has been e State Dept. of	r Item 23 show	
HYSICIAN: The law re-	his certificate has been with the State Dept. of	ced, or Item 23 show	
JING PHYSICIAN: The law re-	After this certificate has been death with the State Dept. of	marked, or Item 23 show	
TTENDING PHYSICIAN: The law re-	TOR: After this certificate has been after death with the State Dept. of	28 is marked, or Item 23 show	
OR ATTENDING PHYSICIAN: The law re-	DIRECTOR: After this certificate has been hours after death with the State Dept. of	Item 28 is marked, or Item 23 show	
PITAL OR ATTENDING PHYSICIAN: The law re-	ERAL DIRECTOR: After this certificate has been in 72 hours after death with the State Dept. of	T: # Item 28 is marked, or Item 23 show	
E HOSPITAL OR ATTENDING PHYSICIAN: The law re-	E FUNERAL DIRECTOR: After this certificate has been a within 72 hours after death with the State Dept. of	RTANT: If Item 28 is marked, or Item 23 show	

						C	1 1	8053		
	1 - STATE OF MARYLAND C			F HEALTH AND I	MENTAL	HYGIEN REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)				2. DATE O	F DEATH		3. TIME OF DEATH		
	Robert Michael Feni	VICK	ick			2	91	905 1	PM	
	4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. In 27 64 5573 10 M 2 D F 3	yns.	IF UNDER 1 YE			F BIRTH Day, Year)	1	BIRTHPLACE (State or Foreign Country) ALTO . MD		
	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TO	VN OR LOCATION OF DE		1/54	9c. COUNTY			
DIRECTOR	LRVA MOSMITAL RESIDENCE OF DECEDENT		Bal	t, MD		5				
<u></u>	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR L	OCATION				10d. INSIDE CITY		
뚬	MARYLAND		BAL	TIMORE CO	CTAUC	7		1 X YES 2 NO	,	
A	10e. STREET AND NUMBER			10f. ZIP CODE			10g. CITIZEN	OF WHAT COUNTRY?		
FUNERAL	3301 KAREN DRIVE			2120	07			USA		
5	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. A	RMED /	13. WAS	DECENDENT OF HISPAN , specify Cuban, Maxica	NIC ORIGIN?	(Specify Yea	or No- 14.	RACE — American Indian, Black, White, atc.		
BY	IF YES, GIVE WAR OR DATES	01/7	1 1 🗆	YES 2 XNO Specifi	y:	Juni, 2101)		Specify: Black		
C			USUAL OCCUI	PATION a most of working	16b. i	KIND OF BUS	SINESS/INDUS	rry		
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5 +)	fe. Do NOT us	se retired.)	g most or working						
MP										
8	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA			Surname)			
BE	WILLIAM FENWICK			VIOL						
9	Service Personal Common			eet and Number or Rural						
	JEANETTE FENWICK 20g_METHOD OF DISPOSITION 20g_METHOD OF DISPOSITION 20g_METHOD OF DISPOSITION			EN DRIVE	BAI	JTIMC 20c. LO		ID 21207 or Town, Steta		
	1 -Burial 2 Cremation 3 Removal from State other	place)		est Vet.	Cem			Mills, MD	,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	1 1501	22. NAN	E ANO ADORESS OF FA	CILITY					
	FOLITI O WILL OF	1						ERAL HOME		
	23. PART . Inter the diseases, or complications that caused the	A leath. Do i		00 LIBER						
	shock, or heart fellure. List only one ceuteron each line.									
	disease or condition Pane Girune link than I me to ball about									
	resulting in death) DUE TO (OR AS A CONSEQUENCE OF):									
z	- End Stare ANDS									
ERTIFICATION	if sny, leading to immediate									
CA	cause. Enter UNDERLYING									
H	thet initiated events resulting in death) LAST	EOUENCE O	F):							
E	d.									
1	PART II. Other significent conditions contributing to death but not	resulting	In the under	lying ceuee given in	Part I.		AUTOPSY	24b, WERE AUTOPSY FINDI		
10						PERFOI		AVAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
AED						_/	1	1 YES 2 NO		
÷					,					
NA I	25. WAS CASE REFERBEO TO MEDICAL EXAMINER?			6. PLACE OF DEATH (C/	neck only one)				
SIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Onpatient 2 ER/Outpatient	3 🗆 DOA	OTHER:	Home 5 🗆 Rasidence	6 🗆 Other	(Specify)				
PHYSICIAN: MEDI	27. MANNER OF OEATH 28th, OATE OF INJURY (Month, Day, Yoga)	28b. TIN	ME OF 28	:. INJURY AT WORK?	26d. OES	CRIBE HOW	NJURY OCCUP	RED		
BY	Natural 5 Pending 2 Accident Investigation			YES 2 NO						
	3 Suicide 6 Could not be 4 Homicide detarmined 28e. PLACE OF INJURY — At building, stc. (Specify)	home, larm,	street, factory,	offica		TION (Street Town, State		Rural Route Number,		
E	29a, CERTIFIER									
COMPLETED	(Check only one) 1 GERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER: On the best of examination and/s							ause(s) and menner as state	ed.	
8		gett	my opini			- Aumoni el		1144 1141111111111111111111111111111111	-71	
8	296. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER		29d. DATE S	IGNED (Month, Day, Year)		
0	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH ((- (12141		

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
ACCYCLY AND PWILL PO, MO 225. Grane St Bactinum, MO 21201

32. REGISTRAR'S SIGNATURE
Davidson-Randelle

31. OATE FILEO (Month, Dey, Year)
JUL 05 1991

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1	TO THE HORBITH. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FINE FIVE FIVE THE FIRE THIS certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be the second of the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT II II m 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - FOR STATE REGISTRAR	STATE OF M	ARYLAND / D CEF		TMENT					GIENI	E			
	1. OECEOENT'S NAME (First, Middle, Last) Calvin	J				Fran	12		2. DATE OF DE MONTH	EATH DA		3. 91	TIME OF GEATH 8:45 A M	
	4. SOCIAL SECURITY NUMBER 213-03-7974 9e. FACILITY NAME (If not institution, give a	1 🖾 M 2 🗆 F	8. AGE (In yrs. lest bi		IF UNDER	DAY\$	IF UNDER	MIN.	(Month, Day,	7. DATE OF BHRTH (Month, Day, Year) 1 / 26 /1912 Balto				
TOR		3529 Buckboard Lane				Middle River						Baltimore county		
DIRECTOR		Baltimore County			10c. CITY, TOWN OR LOCATION Middle River					1(d. INSIDE CITY LIMITS? YES 2 X NO	
BY FUNERAL	3529 Buckboard La	d Lane			101. ZIP CODE 21220					U. S. A.				
	1 Never Merried 2 Merried 3 Widowed 4 Divorced		YES 2 NO						n, Puerto Rican, atc.) Bleck, Who is a specify:			White		
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	(Specify only highest grade completed) ary/Secondary (0-12) College (1-4 or 5+)				DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)						TRY		
COME	17. FATHER'S NAME (First, Middle, Last)				Technician Bendi 16. MOTHER'S NAME (First, Middle, Meid							-		
8	Timothy 190. INFORMANT'S NAME (Type/Print)	Fra	anz 196. A	AILING	ADDRESS	(Street or	Cla		Noute Number, City	y or Town	Kosi n, State, Zip Co		-	
٩	Theresa M.	Foot						Mido	lle Riv					
	20b. METHOD OF DISPOSITION © Burlel 2 Cremetion 3 Removal from State													
	Marco Ex	Suyt	ztrech	2	E 1	Bruzd 407	lzins 01d	ki E East	uneral ern Av	e. l	Balto.		. 21221	
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory errest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) a. MYOCARDIAL INFARCTION										Intarval Between			
NOI	Sequentially list conditions, if sny, leading to immediate	leading to immediate Enter UNDERLYING E (Disease or injury littlated events DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST													
K	HYPERTEN	significant conditions contributing to death but not resulting to person the significant conditions contributing to death but not resulting to person the significant conditions contributing to death but not resulting to person to person the significant conditions contributing to death but not resulting to person to					PERF					AN AUTOPSY 24b. WERE AUTOPSY ANALABLE PRIOR OF COMPLETION OF OF DEATH?		
BY PHYSICIAN: MEDIC	MYDETELIP	INEMIA	7				_		1 _ YES 2 _ NO					
ICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		1204	OTHE	R:	1		eck only one)	22				
PHYS	1 D YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 28e. DATE OF INJURY (Morth, Day, Year) 28b. TIME OF INJURY WORK? 28d. DESCRIBE HOW INJURY OCCURED (Morth, Day, Year)							RED					
	1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	tigation 28e. PLACE OF INJURY — Al home, farm, street, building, atc. (Specify)					'ES 2 [NO 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					e Number,	
MPLETED	290. CERTIFIER (Check only													
BECOMP	2 MEDICAL EXAMINE 286. BIGMATUNE AND TITLE OF CERTIFIE		emination and/or inv	estigation	on, in my opinion, death occured at the time, date end place,					plece, en	29d. DATE SIGNED (Month, Day, Year) 7-05-G1			
٩	III. NAME AND ADDRESS OF PERSON WE	O COMPLETED CAUS	DE OF DEATH (ITEM :	BAL	a, Print)	,	M	v	2/2-3	7	, /		71	
	31. DATE FILED (Month, Day, Year) JUL 05 1991		R'S SIGNATURE											

	1 - STATE REGISTRAR	STATE UF I	MARYLAND / DEPAN CERTIF	ICATE O	F DEATH	MENIAL HYGIE REG. N				
	1. DECEDENT'S NAME (First, Middle, Last)	E-33		TOPTICE O	DEAIII	2. DATE OF DEATH		3. TIME OF DEATH		
- 21	BABY GIRL	Emily J FREDER	lane			MONTH	DAY	YEAR		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	1991	6. BIRTHPLACE (State or Foreign		
1	None	1 □ M 2 🏻 F	-O- YRS. MONTHS DAYS HOURS		HOURA MIN.	June 29		Country)		
	Se. FACILITY NAME (If not institution, give a	treet and number)		9b, CITY, TOW	OR LOCATION OF D			Maryland UNTY OF DEATH		
8	MUT TOWNS HORIT			BATT	IMORE CIT	v	RA	ALTIMORE		
8	THE JOHNS HOPKT	NS HOSPI	ĽAJ.	Dilli	INOKE OIX		DE	HITHORD		
H	10s. STATE 10b. COUNT		10c. CI	TY, TOWN OR LO				10d. INSIDE CITY LIMITS?		
ā		. Mary's		Lexi	ngton Par	:k		1 TES 2 T NO		
₹	10e. STREET AND NUMBER				IOF. ZIP COOE		10g. Cl	TIZEN OF WHAT COUNTRY?		
ÿ l	119 Weatherbee L				20653			U.S.A.		
FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN	TEVER IN U.S. ARMED			NIC ORIGIN? (Specify an, Puarto Rican, atc.)	Yes or No—	14. RACE — American Indian, Black, White, etc.		
BY	3 Widowed 4 Divorced	IF YES, GIVE V	MAR OR DATES	1 🗆 Y	ES 2 K NO Specif	fy:		Specify: White		
	15. DECEDENT'S EDU	CATION	16a, DECEDENT'S	USUAL OCCUPA	TION	16b, KIND OF	RUSINESS/IN	•		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	(Give kind of	work done during ise retired.)	most of working					
2	Infant	College (1-4 or 5	*)	Infant						
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	-			16. MOTHER'S NA	AME (First, Middle, Maid	len Surneme)			
	Paul Fr	ederick			Г	lane	Thig	gpen		
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADORESS (Street	t and Number or Rural	Route Number, City or	lown, State, Z	Zip Code)		
2	Mr. Paul Frederi	ck	119	Weather	bee Lane	Lexingto	n Par	rk, MD 20653		
	20a. METHOD OF DISPOSITION	owel from State	20b. PLACE AND DAT		N (Name	OATE 20c.	LOCATION -	- City or Town, Stata		
	1 To Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)			Cemeter			Beave	r, PA		
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	7	22. NAME	ing Ryers	CLITY Funeral	Direc	ctors, Inc.		
	· James	5.0	over					lstown, MD 21133		
	23. PARTA. Enter the diseases, or									
	ahock, or heart fellure.)				Interval Between Onset and Death		
	disease or condition EXTARMO PAPALATIOIDA									
	DUE TO (OR AS A CONSEQUENCE OF):									
z	METASTATIC MATERNAL ADENO= Birth									
CERTIFICATION	Sequentially list conditions, if any leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
2	cause. Enter UNDERLYING CAUSE (Disease or injury	c	CARCINO							
빌	that initiated events resulting in deeth) LAST	DUE TO	OR AS A CONSEQUENCE	OF);						
19		d								
اب	PART II. Other aignificent condition	ne contributing to	deeth but not resulting	in the underly	ing cause given in		AN AUTOPSY	Y 24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
CAL							2 0 NO	COMPLETION OF CAUSE OF DEATH?		
MED							7	1 YES 2 NO		
=										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	/			PLACE OF DEATH (C	heck only one)				
S	1 YES 2 D NO	HOSPITAL:	☐ ER/Outpetient 3 ☐ DOA	OTHER:	ome 5 🗆 Rasidence	6 Other (Specify)				
E	27. MANNER OF DEATH	28a. DATE Of			NJURY AT WORK?	28d. OEŞCRIBE HO	W INJURY O	OCCURED		
ВУ	1 Accident 5 Pending Investigation				YES 2 NO					
	3 Suicide 8 Could not be	28e. PLACE (OF INJURY — Al home, farm, atc. (Specify)	street, factory, o	fice	28f. LOCATION (Str. City or Town, St		ber or Rural Route Number,		
	4 Homicide determined									
COMPLETED		ICIAN: To the best o	f my knowledge, death occur	red at the time, d	ate and place, and du	e to the cause(a) and	menner as si	stated.		
O	One) 2 MEDICAL EXAMIN	ER: On the beels of	examination and/or investigat	lon, In my opinio	, death occured at the	e time, data and place	, and due to	the cause(s) and menner as stated.		
ш	296. SIGNATURE AND TITLE OF PERTIFIE	MI	11/11/11	4 1	25c. LICENSE NU	MIER	296.07	ATE SIGNED (Month, Gay, Year)		
TO B	1000000	XVV	UVVVV "	10	D258	189	•	0/29/91		
F	30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAL	IRE OF DEATH (ITEM 27) (Typ	e, Print)				/		
	TIMOTHY JOHNSON,		OHNS HOPKIN	S_HOSPI'	CAI. 600	N WOLFE S	T BA	LTO.MD.21205		
- 1	31. DATE FILED (Month, Day, Year)	32. REGISTR	AR'S SIGNATURE							
	JUL 05 1991	LIVERLUGINA	OT - / TUNIOUS PIC-							

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THE PROPERTY OF THE PARTY OF TH	3 may be retained by the hos	tor, page 5 should be detache	ust be notified at once.
THE PART OF THE PA	24 hours after death. Page 6	ly filled in by the funeral direct ation, or removal.	the medical examiner m
	TO THE HOSPITM OF CONTROL OF THIS SICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNDAM CHREATH AND THE certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached find with a f	IMPORTANE II item set is married, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AL HEODING.	he law requires that the death	has been signed by the atte	m 23 shows any injury,
	ENDINE PHYSICIAN: TI	The state this certificate	eris marked, or itel
	TO THE HOSPITUL OR AT	TO THE FUNERAL DIFFER No. 170	IMPORTANT: II Italin-2

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)				ICATE				MENTAL HYGI REG. 2. DATE OF DEATS	NO.		3. TIME OF DEATH
DIANE CH	RISTI	NE F	RE	DER	16	K	7	MONTH	0. 199	YEAR	8:05P
4. SOCIAL SECURITY NUMBER 206-56-7441	5. SEX 1 M 2 X F	6. AGE (In yrs. In	isl birthday) YRS.	IF UNDER 1 Y	_	IF UNDER	24 HRS.	7. DATE OF BIRTH (Month, Day, Yea 8-20-1	7)	8. BIRT	HPLACE (State or Foreign try) PA
9e. FACILITY NAME (If not institution, give st THE JOHNS HOPK				эь. сту, то В	LTI				9c. CO	LTIM	DEATH
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN OR	LOCATIO	N					10d. INSIDE CITY
Maryland 10e, STREET AND NUMBER	St. Mar	y's		Lexi	ngto				Linia		LIMITS? 1 YES 2 NO
119 Weatherbee	Lane					-	-		10g. CI		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 A Married 3 Wildowed 4 Divorced	12. WAS DECEDEN	YES 2 X		If y	20653 U. S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-If yea, apecify Cuben, Maxican, Puerto Rican, etc.) 1 □ YES 2 □ NO Specify: U. S.A. 14. RACE — American Black, White, etc. Specify: U. The item			E — American Indian, ck, White, atc.			
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 8	+)	Give kind of le. Do NOT u		JPATION ing most	of worki	ng	18022	BUSINESS/IN		1
	4 Years		Teach	ier					entar	y Sci	1001
17. FATHER'S NAME (First, Middle, Last) Guyton C. Th	ionen I	20				IO. MOT		me (First, Middle, Me Vian Jane			
19a. INFORMANT'S NAME (Type/Print)	TRhem, 1		9b. MAH H1	ADORESS A	tree teart	1 Numbe		71an Jane Route Number, City of			
								Lexingto	n Parl	k, MI	
20a. METHOD OF DISPOSITION 1 Section 2 Cremation 3 Remote A Donation 5 Other (Specify)	oval from State	of cemelar	y, cremator	e of olspos or other place emetel	e)	Varne		OATE 200	LOCATION -		own, State er, PA
21. SIGNATURE OF TUNERAL SERVICE LIC	B. (Ove	4	Lo 87	ring 28 I	By Libe	rty	Funeral Road Ra	ndall:	stown	n, MD 21133
23. PART I. Enfor the diseases, or catook, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a.	noe	fa	ler	e mode	e of dy	ring, suc	h as cardiac or r	espiratory a	rrest,	Approximate Interval Betwee Onset and Dea
Sequentially list conditions, fi any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST b. Due to (or as a consequence or). C. Due to (or as a consequence or):											
	d	death but not	regulting	In the unde	erivina	cause	alven in	Part I. 24a, WA	S AN AUTOPS	y 24	b. WERE AUTOPSY FINDING
PERFORMED? 1 YES 2 NO 0							AMAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO				
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)											
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO											
27. MANNEB OF OEATH 1 Natural 5 Pending	28s. DATE OF INJURY (Month, Dey, Year) 28b. T				8c. INJUI WOR	RY AT			DESCRIBE HOW INJURY OCCURED		
2 Naccident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At hom building, etc. (Specify)								er or Rumi	Route Number,		
29a. CERTIFIER Check only 1 CERTIFYING PHYSI	ICIAN: To the best o	f my knowledge,	death occur	red at the tim	e, data a	nd place	a, and due	to the cause(a) and	l manner as s		
onel	R: On the basis of	examination and/o	or investigat	on, in my opi	nion, des	nth occu	ared at the	time, data and plac	e, and due to	the cause	(a) and manner as stated.

DHMH-18 Rev 1/89

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The law requires that the death certificate be executed within nours arter death. Page 6 may be retained by the hospital of attending physician.	Infecte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
requires that the death certificate	been signed by the attending phys	t. of Health and Mental Hygiene pi	shows any injury, or other i	
OR ATTEMMENT OF THE SAME THE SAME	DIFFECTOR, After this certificate has	yours after Deservation the State Dept	I liam 28 is marked, or item 23	
z	=	24	=	1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AN CERTIFICATE OF DEATH	
rst, Middle, Lest)	2. DATE OF DEATH
) GREENWALD	07 03 1

1	FOR STATE REGISTRAR	OF MARYLAND /			F HEALTH			GIENE G. NO.		
-	1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE OF DEA	ATH		3. TIME OF DEATH
	HELEN (NMN) GREENWALD						07 03	199	YEAR 1	6:15 a.M
	4. SOCIAL SECURITY NUMBER 5. SEX	6. AGE (In yrs. les		IF UNDER 1 Y			7. DATE OF BIRT (Month, Day, Y	TH feet	8. BIRTHP Country)	LACE (State or Foreign
	056-10-4298 1□ M 2	就 90	YRS.	MONTHS D	AYS HOURS	MIN.	10 23			GARY
	9a. FACILITY NAME (If not institution, give street and num.	ber)		96. CITY, TO	ON LOCAT	TION OF DEA			INTY OF DE	ATH
۳ ا	MARYLAND MANOR NURSING	HOME		GLE	N BURN	ITE		ANN	E ARU	NDEL
ECTO	RESIDENCE OF DECEDENT									
DIRE	10a. STATE 10b. COUNTY				LOCATION					10d. INSIDE CITY LIMITS?
	MD ANNE ARUN	IDEL		GLE	N BURN			1.0		1 YES 2 NO
FUNERAL					101. ZIP CO					HAT COUNTRY?
9	7575 E. Howard Road			T	2106			U.S		
2	1 Naver Married 2 Married FORCE	ECEDENT EVER IN U.S. AR S? 1 TYES 2 XI	NO	If y	es, specify Cut	ban, Mexican	C ORIGIN? (Spec , Puerto Rican, e		Black,	- American Indian, White, etc.
à l	3 ₩ Widowed 4 Divorced IF YES,	GIVE WAR OR DATES		10	YES 2 XN	Specify:			Specify	WHITE
	15. DECEDENT'S EDUCATION	16a, DE	CEDENT'S	USUAL OCC	UPATION		16b. KIND (OF BUSINESS/IN	DUSTRY	WILLE
	(Specify only highest grade completed) Elementary/Secondary (0-12) Cotlege (1	Mo.	ive kind of w . Do NOT use	ork done dur e retired.)	ing most of worl	king				
7	6 NONE	,	HOME	MAKER			OWN	N HOME		
COMPL	17. FATHER'S NAME (First, Middle, Last)		110112			THER'S NAM	AE (First, Middle, I			
	FRANK HUSKEY				(UNKNO	WN)			
O BE	19a. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (S	Street and Numb	per or Rural R	loute Number, City	or Town, State, Z	ip Code)	
ĭ	JACK GREENWALD		7106	Gough	Stree	t B1	atimore	e, MD 2	1224	
	20a. METHOD OF DISPOSITION 1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal from S	20b. PLACE other pl	OF DISPOS	ITION (Name	of cometery, cr	emetory or	2	POG. LOCATION -	- City or Tow	vn, State
	4 Donation 5 Other (Specify)	GLEN			DRIAL_I			GLEN E	URNIE	E, MD
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE				ME AND ADDR		RAL HON	AF.		
3	Matter								NTE.	MD 21061
	23. PART i. Enter the diseases, or complication									Approximete
	ahock, or heart failure. List only of IMMEDIATE CAUSE (Final	ne ceuse on eech ilne	.							Onset and Death
	disease or condition Congestive Heart Failure									
i	resulting in death)	OUENCE OF	F):							
z	Renal Failure									
일	if any, leading to immedieta	DUE TO (OR AS A CONSE								
፩	CAUSE (Disease or injury	CAUSE (Disease or injury					isease			
	that initiated events			,		- D!				İ
CERTIFICATION	d. Cri	conic Obstr	UCLIV	e Pu.	monary	y Dise	ease			1
AL.	PART II. Other algnificant conditions contribu	The second second	resulting i	n the und	erlying cause	given in i	Part I. 24s. V	MAS AN AUTOPS!		WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
	Decubitus left	t buttock					10	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
								Λ		1 YES 2 NO
ž										
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? TO HOSPIT	AL:	1	O'CHER:	26. PLACE OF	DEATH (Che	eck only one)			
Š	1 YES 2 NO 1 Input	ent 2 - ER/Outpatient :	DOA		ng Home 5 🗆	Residence	6 Other (Spec	cify)		
H		DATE OF INJURY Month, Day, Year)	28b. TIM	E OF 2	Bc. INJURY AT WORK?	2.0	28d. DESCRIBE	HOW INJURY O	CCURED	
BY	2 Accident Investigation				1 YES 2	(X) NO				
<u>a</u>		PLACE OF INJURY — At houlding, etc. (Specify)	ome, farm, i	street, fector	y, office		City or Town	(Street and Numb n, State)	oer or Rural R	loute Number,
COMPLETED	ON CONTINUE	<u> </u>			· ·					
MP	(Check only 12 CERTIFTING PHYSICIAN: 18 TH									
8	2 MEDICAL EXAMINER: ON the B	asia of examination and/or	Investigation	on, In my op				Hace, and due to	the cause(a) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	tendin	PR.	11.5.1	29c. L	D 14	160			(Month, Day, Year)
2	TO WIND AND ADDRESS OF THE PARTY AND ADDRESS O	EQ CAUSE OF PEACE	M OT C	Sen	m.				7-3-9	7 1
	30. NAME AND ADDRESS OF PERSON WHO COMPLETE SINGH, M.D.	5410–A	Dital	mnn)	ahumu	P=14	-imoro	M2 21	225	
	31. DATE FILED (Month, Day, Year) 532. R			ile fl.	griway	Dar	THINTE,	PAG. ZI	223	
	JUL 05 1991 Julia	Davidson-Rand	402							
	33-00 1331 //	,								

BALTIMORE, MARYLAND 21203-3146

y, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

leath certificate be executed within \$4 hours after death. Page 6 may be retained by the hospital or attending physician.

attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should mat Hygiene prior to burial, cremation, or removal. TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTIOR: After this certificate has be filed within 72 hours after death with the State Dept. IMPORTANT: If Item 28 is marked, or Item 23 marked.

FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			NTAL HYGIENE REG. NO.			
DECEDENT'S NAME (First, Middle, La.	ELLA GRE	EN		2	DATE OF DEATH	y 91	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 217-20-6942 9a. FACILITY NAME (II not institution, gh	1 M 2 F	5 YRS. MON	THS DAYS	101100 1001	DATE OF BIRTH (Month, Day, Year) 2/8/26	Cou	THPLACE (State or Foreign intry) alto., MD DEATH	
1535 N. PAYSON RESIDENCE OF DECEDENT 10a. STATE 10b. COU MARYLAND 10e. STREET AND NUMBER 1.535 N. PAYSON 11. MARITAL STATUS 1 Never Married 2 Married 3 X Widowed 4 Divorced 15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last) SAMUEL GRA	STREET 12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR D. OUCATION Inche completed) College (1-4 or 6 +)	U.S. ARMED	13. WAS DECEN If yes, spec 1 TYES 2 AL OCCUPATION done during most red.)	RE CTTY IP CODE 21217 IDENT OF HISPANIC ITY Cuban, Maxican, I XNO Specify: of working	ORIGIN? (Specify Yea Puarto Rican, atc.) 16b. KIND OF BUS (First, Middle, Maiden S	or No — 14. RABIBLE SPENINESS/INDUSTRY		
SAMUEL GRA 19e. INFORMANT'S NAME (Type/Print) VERA JAMES 20a. METHOD OF DISPOSITION 1 Z Burlat 2 Cremetton 3 R 4 Donation 8 Other (Specify) 21. Skinn turn Funeral Service	amoval from Stata		RESTHI N (Name of came emoria 22. NAME AND LEROY (EIGHTS I tery, cremetory or al Park ADDRESS OF FACIL O DYETT	ROAD BA	n, State, Zip Code) LTIMOF CATION — City or Outus, NERAL HO	RE, MD 2121 Town, Stata Maryland	
23. PART I: Errer the disease shock, or heer fail immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s. OUE TO (OR AS A DUE TO (OR AS A	ch line.	an ch	s or dying, such o	se Cerulec or respi	ratory street,	Approximate Interval Between Onset and Death	
PART II. Other significent condi	tions contributing to death b	out not resulting in th	ne underlying	csuse given in Pa	1 T YES 2	MED?	24b, WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be 28s. DATE OF INJURY 28b. TIME OF INJURY 28c. INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
(Critical oray	and	on and/or investigation, in	n my opinion, de		me, data and place, an	nd due to the cau	PED (Month, Day, Year)	

BALTIMORE, MARYLAND 21203-3146	24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should have a few with the State Dent. of Health and Mental Horden prior to burial, changion, or removel.
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Deor, of Health and Mental Horlene prior to burial, cremative

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be esscuted within 24 nours after death. Page 6 may be retained by the hoss TO THE FUNERAL DIRECTION. After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTM CERTIFIC	MENT OF HEALTH AND NEATE OF DEATH	IENTAL HYGIENE REG. NO.	10000
	1. DECEDENT'S NAME (First, Middle, Last)	. HEUBECK		2. DATE OF DEATH DAY	YEAR SAM M
	217010009	6. SEX 6. AGE (In yrs. lest birthday) F	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country) ARYLAND
TOR	98. FACILITY NAME (II not institution, give street ARROLL LOUGE PRESIDENCE OF DECEDENT	TY GINERAL	DESTITIONS OF LOCATION OF DEA	0	RROLL
- DIRECTOR	106. STATE 106. COUNTY MARYLANO BA) 106. STREET AND NUMBER	Timore 10c. CITY T	OWN OR LOCATION ARKVILLE		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3016 Willo	UCHBY ROAD 12. WAS DECEDENT EVER IN U.S. ARMED	101. ZIP CODE 2.1231		EN OF WHAT COUNTRY?
BY	1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANI If yes, specify Cuban, Mexican 1 YES 2 NO Specify:	, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify:
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+) (Give kind of work life. Do NOT use re	done during most of working thred.)	16b. KIND OF BUSINESS/INDU	STRY
COMP	17. FATHER'S NAME (First, Middle, Last)	1 11	16. MOTHER'S NAM	AE (First, Middle, Melden Sumerne)	
BE	19e. INFORMANT'S NAME (Type/Print)	L. HOWARD	DRESS (Street and Number or Rural R	oute Number, City or Town, State, Zip (Code)
2	FAMILY REC	oras S	Participation of the property of the participation	OVE	
	20e, METHOD OF DISPOSITION 1 St. Burial 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. PLACE OF DISPOSITI	ON (Name of cemetery, crematory or	RY 10WS)	ity or Town, State
	21. SIGNAL DRE-OF FUNERAL SERVICE LICE	Mans , h	22. NAME AND ADDRESS OF FACE SHANG CHAS 8800 HARF		RILL
	23. PART I. Enter the diseases, or op shock, or heart failure. Li	implications that caused the death. Do not let only one cause on each line.	enter the mode of dying, such	ss cardiac or respiratory arre	est, Approximate Interval Between
	IMMEDIATE CAUSE (Fine) disesse or condition resulting in death)	Conclus Rul DUE, TO (DR AS A CONSEQUENCE OF):	Munary	Anest	Onset end Death
NO	Sequentially list conditions, b.	DUE TO (OR AS A CONSEQUENCE OF):	e Breast	- CA·	İ
CERTIFICATION	If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or Injury that initiated events	DUE TO (OR AS A CONSCOUENCE OF):	Quie	lungs	,
CERT	resulting in death) LAST				
PHYSICIAN: MEDICAL	PART II. Other significant conditions	contributing to death but not resulting in	ths underlying cause given in i	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PNO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAN:	25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (Che	ck only one)	
YSIC	1 TES 2 NO	1 1 Inputient 2 ER/Outputient 3 DOA 4	THER: Nursing Home 6 - Residence		
ву РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. DATE OF INJURY (Worth, Day, Year) 28b. TIME C INJUR	PF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCC	URED
	2 Accident investigation 3 Sulcide 8 Could not be 4 Homicide determined	28e. PLACE DF INJURY — At home, ferm, stre building, etc. (Specify)	et, factory, office	281. LOCATION (Street end Number of City or Town, State)	or Rural Route Number,
COMPLETED	anal	IAN: To the best of my knowledge, death occurred in the basis of examination and/or investigation,			
TO BE C	296. SIGNATURE AND TITLE OF CENTIFIED	& MD	29c. LICENSE NUM	8915	FIGNED (Month, Pay, Year)
		COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Pr	idson-Rondon	ST WEST	HINSTER HO
j	31. DATE FILED (Amont), Day, Year)	32. REGISTRAN'S SIGNATURE 111 5 1991 Julia Sau	idson-Randalld		

_	REGISTRAR	OLITTI	CATE	01 0	/ has/ 1111	REG. NO.		_			
	1. DECEDENT'S NAME (First, Middle, Lest) LLSIE H HOLT	7				2. DATE OF DEATH DA	1991	EAR 3. TIME OF DEATH			
	The second secon	(In yrs. last birthday) Q5 YRS.				7. DATE OF BIRTH (Month, Day Year)	n. DATE OF BIRTH (Month, Day, Year)				
1	9e. FACILITY NAME (if not institution, give street and number)	100	9b. CITY, T	RO NWO	LOCATION OF DE	-7	9c. COUNTY	COLEATH			
	MIRIDEN-LROMWELL RESIDENCE OF DECEDENT		T	wo	Son		BAK	Timors			
	10a. STATE 10b. COUNTY	10c. CIT	Y, TOWN OR		N			10d. INSIDE CITY LIMITS?			
	100 STREET AND NUMBER		61		ARM OP CODE		10g. CITIZEN	1 TYES 2 NO			
	P.O. Box 311 Glen Arm				21057			5A			
	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced 12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR 0	2 NO	87.3	res, speci		IIC ORIGIN? (Specify Yee n, Puerto Rican, atc.) y:	or No— 14.	. RACE — American Indien, Black, White, etc. Specify: White			
	15. DECEDENT'S EDUCATION	16a. DECEDENT'S	USUAL OCC	UPATION		16b. KIND OF BUS	SINESS/INDUS				
	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(Give kind of a life. Do NOT us		ring most (of working	Campb	ellSo	up Co.			
,	17. FATHER'S NAME (First, Middle, Last)		(-1)	1	18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)	LL			
	DAMUEL HIGGINBOTHAM 194. INFORMANT'S NAME (TypeRPIN)	19b. MAILING	ADDRESS (Street and	Number or Bural	Poute Number, City or Town	n, State, Zip Co	T n			
	Family Records	5	SAM	ZP	S AB	SVO					
1		b. PLACE ANO OAT			RSOAT	21.1	CATION — CH	y or Town, State			
1	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22, N/ S_	AME AND	ADDRESS OF FA	COLUTY OF C	rmo	Ries			
4	23. PART I. Enter the diseases, or complications that couse	data danta Da	8	800	HAR		0-11	ARKVILLS_			
	shock, or heert fellure. List only one couse on immediate Cause (Finel	eech line.			e or aying, suc	n se cerdiec of respi	ratory arrea	interval Betwee Onset and Daat			
	resulting in death)	A CONSEQUENCE O						IMM.			
	Sequentially flat conditions, DUE TO (OR AS A CONSCOURAGE OF):										
5	GENERAL + CENEBRAL ATHEROSCLESSIS YEARS										
	that initiated events reaulting in death) LAST d.										
,	PART II. Other algnificant conditions contributing to deeth	but not reaulting	In the underlying cause given in Part I. 24s. WAS AI PERFO					24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO			
						1 TYES 2	NO	COMPLETION OF CAUSE OF DEATH?			
SICIOIS. III								1 TES 2 NO			
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:										
	1 YES 25 NO 1 Inpatient 2 ER/Ou		4 Nursi	ng Home		8 Other (Specify)					
27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide a Could not be determined 28e. DATE OF INJURY 28b. TIME OF INJURY WORK? M 1 YES 2 NO 28e. DATE OF INJURY OCCURED 28e. DATE OF INJURY 1 WORK? M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)						HED					
						Rural Route Number,					
COMPLEIED	20e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination										
	29b. SIGNATURE AND TITLE OF CERTIFIER	10.0			29c. LICENSE NU	MBER	29d. DATE 8	SIGNED (Month, Day, Year)			
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	DEATH (ITEM 27) (Tan-	e. Print)		D-1:	2991	100	JY3,1991			
	DR. Donald L. Somme	RVIL		200	VIR	GINIA A	vs	-Towson			
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIG	MATURE Randal	2								
- 1	101 3 1991 Granderto	OLON WEST STATE OF	V.P.					DHMH-18 Rev			

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DALIM	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral dir be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner
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	PITA	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the be filed within Z hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	H
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31. DATE FILED (Month, Day, War)

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18061 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH DECEDENT'S NAME (First, Middle, Last) FLORENCE L. HUSTER 7. DATE OF BIRTH 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS B. BIRTHPLACE (State or Fo MONTHS DAYS HOURS 1 M 2 XF 83 214-64-5097 YRS. MARYLAND FEB.15,1908 Se. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY TOWN OR LOCATION OF DEATH CARROLL COUNTY GENERAL HOSPITAL RECTOR WESTMINSTER CARROLL RESIDENCE OF DECEDENT 10a. STATE 10h COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY SYKESVILLE MARYLAND CARROLL 1 YES ZX NO 0 FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 5639 OLD WASHINGTON ROAD 21784 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 74NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerto Rican, etc.) 1 Never Married 2 Married 1 TES 2 NO Specify: Specify: WHITE 3 Widowed 4 Divorced BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) YRS COLLEGE HOMEMAKER 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Surname) LILLIAN HUMMEL LAWRENCE ALLEN BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5639 OLD WASHINGTON ROAD, SYKESVILLE, MD. 21784 JEANNETTE DEITRICH 20a. METHOD OF OISPOSITION
1 X Burlal 2 Cremetion 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION — City or Town, State ☐ Donation 5 ☐ Other (Specify) _ NEW CATHEDERAL CEMETERY BALTIMORE 21. SIGNATURE OF FUNERAL SERVICE LICENSHE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, 21229 pproximate 23. PART I. Enter the disesses, or complications that i used the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart fallure. List only one ca terval Between set and Death IMMEDIATE CAUSE (Final MIN disease or condition resulting in death) CERTIFICATION Sequentially list conditions. if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evants resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE 1 | YES 2 OF DEATH? 1 TYES 2. NO **PHYSICIAN:** 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 | Inpatient 2 | ER/Outpatient DOA 4 ☐ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify) 27. MANNER OF DEATH 284. DATE OF INJURY 284. DESCRIBE HOW INJURY OCCURED 26c, INJURY AT WORK? 28b. TIME OF 1 YES 2 NO BY 291. LOCATION (Street and Number or Rural Route Number, City or Roen, State) 3 Gutetele 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 8 Could not be COMPLETED 4 - Homicide 1 CERTIFYED dgs, death occurred at the time, date and place, and due to the cause(s) and manner as stated. WAL FYAR G. LICENSE NUMBER 29d, DATE SUD BE 0

PLETED CAUSE OF DEATH (ITEM 27) (Type. Print)

32. REGISTRAR'S SIGNATURE

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RECORDS, P.O. BOX 68760,	requires that the beath continued by execution whitin 24 hours arise being by the inspiral of attending physician, been signed by the attending physician and completely filled in by the function gage 5 should be detached for use as the burial-trans	t. of Health and Mental Hygiene prior to burial, cremation, or removel. shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO THE HOSPIEL OB ATT TO THE FUNETAL CLOSEST DIS FIND WITHING YOU, IN

TO BE COMPLETED BY FUNERAL DIRECTOR

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0.0	1 - FOR STATE REGISTRAR	STATE OF MAR	YLAND / DEPARTI CERTIFIC	MENT OF HEA ATE OF DI		TAL HYGIEN REG. NO.	E	
E,	1. DECEDENT'S NAME (First, Middle, Last)	-				ATE OF DEATH	W YE	3. TIME OF DEATH
- 1	Emma	ing				07 - 0	2-9	1 / A M
C	4. SOCIAL SECURITY NUMBER		and and			TE OF BIRTH fonth, Day, Year)		BIRTHPLACE (State or Foreign Country)
-0	056-01-4188	1 🗆 M 2 🔀 F	87 YAS.		3	-17-0	4	New York
OR	90. FACILITY NAME (If not institution, give sti Levindale	treet and number)	96	Baltin			9c. COUNTY	OF DEATH
5	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	,	40- 0177 3	OWN OR LOCATION				Les mone em
DIRECTOR	Maryland -			Baltimore				10d. INSIDE CITY LIMITS? XIXXXS 2 \(\text{NO}\) NO
FUNERAL	100. STREET AND NUMBER 2434 W. Belvede	re Ave.		101. ZIP	21215			of what country?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3. Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR O	es XXIVo	If yes, specify	ENT OF HISPANIC OR Cuben, Mexican, Pue NO Specify:		or No— t4.	RACE — American Indien, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)			ual occupation k done during most of etired.) e Worker	working	Socia	siness/indust	
MP	Unknown		01110					
BE CO	17. FATHER'S NAME (First, Middle, Lest) Charles Throck	morton			MOTHER'S NAME (Fi	Marth	a D	rinker
TO B	190. INFORMANT'S NAME (Type/Print) Paul Hanley		19b. MAILING AL 206 Wa	oness (Street and N shington	lumber or Rural Route I Ave.	Towson,	n, State, Zip Coo MD 2	1204
	20e. METHOD OF DISPOSITION X	oval from State	20b. PLACE AND DATE Of cemetary, crematory or WOODLAWN				CATION — CHY Woodla	or Town, State Wn, MD
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE BC	over	Loring	Byers Fur	eral Di	rector allsto	s, Inc. wn, MD 21133
	23. PART LEnter the diseases, or o shock, or heart failure. I IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. PNE	used the death, Donot on each time. Am ONIA AS A CONSEQUENCE OF:					
NO	Sequentially list conditions,	b	AS A CONSEQUENCE OF):					
ERTIFICATION	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	с						
ERTIF	that initiated events resulting in death) LAST	oue to (or	AS A CONSEQUENCE OF):					
MEDICAL C	PART II. Other algoriticant condition	_ (, () ,	th but not resulting in	the underlying ca	use given in Part	I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
=								
A	25. WAS CASE REFERRED TO MEDICAL			26. PLACE	OF DEATH (Check on	ily one)		
SIC	1 YES 2 NO	HOSPITAL:		THER:	i ☐ Residence 6 ☐ 0			
PHYSICIAN:	27. MANNER OF DEATH 1 Partirel 5 Pending	26e. DATE OF INJU	JRY 265 TIME (OF 28c. INJURY WORK?	AT 28d.	DESCRIBE HOW	INJURY OCCUR	ED
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF IN- building, etc.	JURY — At home, farm, stri (Specify)		281.	LOCATION (Street City or Town, State		Rural Route Number,
COMPLETED	anal and		knowledge, death occurred					suse(e) and manner se stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	R		29	c. LICENSE NUMBER		29d, DATE S	
BE				49				
	Cestilia	10. 7 An	m	alush	\$1703	7	> 7	IONEO (Month, Day, Year)
TOB	30. NAME AND ADDRESS OF PERSON WH ESTREM TA O. K 31. DATE FILED (MORITI, Day, Year)	IO COMPLETED CAUSE OF			DITO3 CENUATE	V CEN	TER !	HOLFITAN

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68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mounts are season. Plage 6 may be inspired by the viscoust or attending physician.	s certificate has been signed by the attending physician and completely filled in by " exercise has a second for use as the burnal-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remove	ed, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notitied at gades.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be e	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by *** to filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or remarks	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traun

	FOR STATE OF MARYLAN						10003
	1. DECEDENT'S NAME (First, Middle, Last) ARMAJEAN (NM.) JABLO.		ICATE OF	DEATH	PEG. NO 2. DATE OF GEATH MONTH JULY 2. 1		YEAR 3. TIME OF DEATH
1		s. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) Apr. 23,		BIRTHPLACE (State or Foreign Country) West Virginia
TOR	98. FACILITY NAME (If not institution, give street and number) 8214 Northview Road RESIDENCE OF DECEDENT		Dundalk	OR LOCATION OF DE			imore
DIRECTOR	10a. STATE 10b. COUNTY Maryland Baltimore		ry, town or Local	TION			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO
RAL	10. STREET AND NUMBER 8214 Northview Road	1 00		21222			en of what country?
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	D(40	if yes, so	ENDENT OF HISPAI	NIC ORIGIN? (Specify Year) In, Puerto Rican, etc.)		4. RACE — American Indian, Black, Whita, atc. Specify: White
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)	(Give kind of life. Do NOT u		ON ast of working	18b. KIND OF BU		STRY
MP	12 years 1 years	Cashie	r	14 MOTHER'S NA	Giant ME (First, Middle, Malden		
BE CC	Clinton Arthur Waddell				le Irene Co		
10	19a. INFORMANT'S NAME (Type/Print) Michael R. Jablonski	100 000 000			Route Number, City or Tow Baltimore,		1222
H	20s. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Removal from State of come 4 Donation 8 Other (Specify) S.t.	ACE AND DATE	SLAUS C	Metery 7	DATE 200. LC	ocation — ci	re, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Brian T. Chisholm	0	Duda-	Ruck Fun	CHITY	of Du	ndalk, Inc.
	23. PART i. Enter the diseases, or complications that caused the ahock, or heart feilure. List only one cause on each immediate CAUSE (Final disease or condition resulting in death) a. **MEMSTANC** OUE TO (OR AS A CO	Apena	CARCINOME			iretory arre	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST						
PHYSICIAN: MEDICAL CE	PART II. Other significant conditions contributing to death but	not resulting	In the underlying	g cause given in	Part I. 24s. WAS AI PERFO	AMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:		26. P	LACE OF DEATH (C	heck only one)		
BY PHYS	1 YES 2 NO 1 Inpetient 2 ER/Outpetie 27. MANNER OF DEATH 1 Netural 8 Pending investigation 28a. DATE OF INJURY (Month, Day, Year)	28b. TI	4 Nursing Hor ME OF 28c. IN IJURY	JURY AT DRK? YES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW	INJURY OCC	URED
	3 Suicide 8 Could not be building, etc. (Specify)	At home, farm,	street, factory, offi	DE	28f. LOCATION (Street City or Town, State		or Rural Route Number,
COMPLETED	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination are						
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER Michael E, Vilia C 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	M.D.		29c. LICENSE NU			SIGNED (Month, Day, Year) OF July 1991

21084

INRRETTS VILLE, MARYLAND

30. NAME AND ADDRESS OF PER MICHAEL E. K
31. DATE FILED (Month, Day, Year)

JUL 05 1991

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BALTIMORE, MARYLAND 21203-3146	SICIAN: The law requires that the death certificate be executed within 👡 wours after death. Page 6 may be retained by the hospital or attending physician.	, certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSE TALL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within	TO THE FUNE ALL MECTIVE After this certificate has been signed by the attending physician and completely	be filed within Theorem and with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TE STA	TE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
ENT'S NAME (First, Middle, Last)		2. DATE OF DEATH MONTH DAY
EN ELIZABETH KOPP		07 01

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTN				HYGIENE REG. NO.		. 1000	T
t	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF		YE	3. TIME OF OEATH	
	HELEN ELIZABETH K	OPP				07	01	199		М
1	4. SOCIAL SECURITY NUMBER		, , , , , , , , , , , , , , , , , , , ,	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH Day, Your)		SIRTHPLACE (State or Forei	ign
	216-28-7243 9a. FACILITY NAME (If not institution, give si	1 M 2 X F	58 YRS.		R LOCATION OF DE	12 0	5 19		RYLAND	
DIRECTOR	NORTH ARUNDEL HOS	SPITAL		GLEN BU	RNIE	_		ANNE A	RUNDEL	_
E I	10a. STATE 10b. COUNTY	1	10c. CITY, T	OWN OR LOCAT	ON				10d. INSIDE CITY LIMITS?	
ā	MARYLAND ANN	NE ARUNDEL	GLEN	BURNIE					1 TYES 2 N	0
FUNERAL	10e. STREET AND NUMBER			101	ZIP CODE			10g. CITIZEN	DF WHAT COUNTRY?	
Ä	306 JULIE DALE DR	IVE		1 2	1061			U.S.		
5	11. MARITAL STATUS 1 Never Married 2 X Married	12. WAS DECEDENT EVER IF FDRCES? 1 \(\subseteq \text{YES}	N U.S. ARMED		ENDENT DF HISPAN city Cuban, Mexicar			or No- 14.	RACE — American Indian Black, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES X		2 NO Specify			- 10	Specify: WHITE	
	15. OECEDENT'S EOU	CATION	16a. DECEDENT'S US	IIAL OCCUPATIO	N	16b K	IND OF BUSI	NESS/INDUST		
	(Specify only highest grade	completed)	(Give kind of world life. Do NOT use n	done during mo	at of working	1000.1	0. 200.	120011110001		
7	Elementary/Secondary (0-12) 10 TH	College (1-4 or 5+) NONE	NURSING .	ASSISTA	NT	NO	RTH A	RUNDET	CONVALESA	NT
COMPLETED	17. FATHER'S NAME (First, Middle, Last)	NONE	NORDING	11001011	18. MOTHER'S NAI				CONVILLEDI	111
Ö	WILLIAM H. WIGGIN	IS			MARGARE	T SAL	EFSKI			- 1
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street a	nd Number or Rural F			State, Zip Coo	de)	
2	DAWN KOPP		615 PO	WHATTAN	BEACH R	ROAD	PASAD	ENA. M	ID 21122	. 3.
	20a, METHOD OF DISPOSITION	200	o. PLACE OF DISPOSITI						or Town, State	
	1 X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		LEN HAVEN	MEMORI	AL PARK		GLE	N BURN	IE, MD	
	21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			D ADDRESS OF FAC		1101477			
	1 Jamie X	whent	2		ETON FUN			DUDAG	E, MD 2106	,
	23. PARK-I. Enter the diseases, or	complications that cause	d the deeth. Do not							
		List only one cause on e	esch line.						interval Bet Onset and	
	iMMEDIATE CAUSE (Final disease or condition	pand a	2.100 0- 0	0	mont				0.1001, 0.10	
	resulting in death)	B. DUE TO (DR AS	A CONSEDUENCE OF:	my u	riesc				- i	
_		munoan	count)	non	otion					
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
3	cause. Enter UNDERLYING CAUSE (Disease or Injury	· Dulmona	my emi	ode -	mas	15/10				
E	that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
E	resulting in death) LAST	d								
	PART ii. Other eignificent condition	ns contributing to death !	but not resulting in	the underlyin	csuse given in	Part I. 2	24a. WAS AN	WTOPSY	24b. WERE AUTOPSY FIN	
MEDICAL			-				PERFORI		AMAILABLE PRIOR T COMPLETION OF CA	
ED						_	1 TYES 2	□ №	OF DEATH?	
Σ						-			1 UYES 2 N	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL			26 P	ACE OF DEATH (Ch	eck only one				
S	EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:						
4	27. MANNER OF DEATH	26s. DATE OF INJURY	26b. TIME		URY AT			JURY OCCUP	NED .	
	1 Natural 5 Pending	(Month, Day, Year)	INJUF	TY WO	PRK?					
В	2 Accident Investigation 3 Suicide 6 Could not be	28a. PLACE DF INJUR	Y — At home, farm, str	eet, factory, offic	•	261. LOCAT	TION (Street e	nd Number or	Rural Route Number,	
	4 Homicide 6 Could not be	building, etc. (Spe	icify)			City or	Town, State)			
Ш	29a. CERTIFIER DESCRIPTION DAVIS	SICIAN: To the best of my know	rladge death accurred	et the time det	and place, and due	to the coup	o(s) and man	ner en elekad		
COMPLETED	cont	ER: On the basis of examination								mted.
8	296. SIGNATURE AND TITLE OF CERTIFIE									
BE	To G	Kanh			D 254		- 1	MILES	IGNED (Month, Day, Year)	
2	30. NAME AND ADDRESS OF PERSON WI	HO CONTLETED CAUSE OF D	EATH (TEM 27) (Tone D	rint)	DUOG	71		, //	0/4/	
113	production of the control of the con	V			de Mn	21061				
	Dr. Ira Kaplan 31. DATE FILED (Month, Day, Ybar)	7845 Oakwood	NATURE	en buri	ire, MD	TIODI				
	JUL 05 1991	Juna Davidson-1	Randell							

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Title and the second

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TO BE COMPLETED BY FUNERAL DIRECTOR

DALLIMONE, MANIENTO ZIGOS-3146	nours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR; After this certificate has been a free or the properties of the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDER TO BOX 13149.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law regular for the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been some to my making physician and completely	be filed within 72 hours after death with the State Dept. of Hrum and Merch Hyriene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows my injury or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 05 1991

32. REGISTRAR'S SIGNATURE

FOR STATE REGISTRAR		STATE DF 1	MARYLAI		RTMENT (YGIEN		1	10000
1. DECEDENT'S NAME (First,	Middle, Last)								2. DATE OF			YEAR	3. TIME OF DEATH
ERIC HERMA	N KER	WATH							07 02 1991		М		
4. SOCIAL SECURITY NUMB	ER	5. SEX	8. AGE (In	yrs. last birthday		EAR	IF UNDER	24 HRS.	7. DATE OF (Month, D			8. BIRT Coun	HPLACE (State or Foreign
218-01-9032	2	1 M 2 F	77	YRS.	WOMINS C	WIT S	HOURS	Mert.		-	914		MANY
9e. FACILITY NAME (If not in	stitution, give s	treet and number)			9b. CITY, TO	OWN C	OR LOCATIO	ON OF DI	EATH		9c. COU	INTY OF	DEATH
NORTH ARUNI		SPITAL			GLEN	I B	URNII	E			A	NNE	ARUNDEL
10a. STATE	10b. COUNT	1		10c. C	TY, TOWN OR	LOCAT	TION						10d. INSIDE CITY LIMITS?
MD	ANNE	ARUNDEL		HAN	OVER								1 TYES 2 NO
10e. STREET AND NUMBER						101	ZIP CODE	E			10g. CIT	IZEN OF	WHAT COUNTRY?
7412 LOCUST	DRIV	8					21076	6			U.S	.A.	
11. MARITAL STATUS 1 Never Married 2 X	Mandad	12. WAS DECEDEN							NIC ORIGIN? (s or No—	14. RAC Black	CE — American Indian, ck, White, etc.
3 Widowed 4 Olvo		IF YES, GIVE T	NAR OR DAT	ES			2 X NO					Spe	WHITE
15 DEC	EDENT'S EDU		1.	16a. OECEDENT	NO IALIBIL ST	IDATIO	ON.		Tab Ki	ND OF BU	SINESS/IN	DUSTRY	MUTIE
(Specify only	y highest grade	completed)		(Give kind o	f work done dur use retired.)	ing mo	st of worldr	ng	100. K	ND OF BO	SINESS/IN	DOSTRI	
Elementary/Secondary (0		College (1-4 or 5 NONE		AUTO BO	DV MEC	LIV	NITC		ROT	.2 V	FEND	ED L	ORKS
17. FATHER'S NAME (First, M		NONE		NOTO DO	DI MEC	IIA.		HER'S NA	AME (First, Mid			EIX W	OKKS
HERMAN KARI		ΛΤΉ						THER				ınkn	orin)
190. INFORMANT'S NAME (7		1111		19b. MAILH	G ADDRESS (Street a				City or Toy			OWIL
ERIC G. KER				211077-7-1	Box 4								12123
200 METHOD OF DISPOSIT	ION		20b. I	PLACE OF DISP					Nassa	_			Town, State
1 Donation 8 Offer	n 3 🗆 Rem	oval from State		other place) ADOWRII	W.								MD 21227
21. SIGNATURE OF FUHERA		ENSEE /	11114	ADOWNELL	terger con		ND ADDRE			1 151	KKID	وندى	HD 2122/
Ann	all	011	2030	m/				-	ERAL F		RIIR	NIF	MD 21061
23. PART I. Enter the d													Approximate
shock, or h IMMEDIATE CAUSE (Fir		List Dnly one ce	use on eed	ch line.									Onset and Death
disease or condition	1011	Rt	11	5041	NI	C 11	MON	1277	TC				
resulting in death)		DUE TO	O (OR AS A	SRAL CONSEQUENCE	OF):	-	10000	710					
		. Hs	775	TATA	CCG	41	2CI	WOY	4A				
Sequentielly list condit		DUE TO	OR AS A	CONSEQUENCE	OF):		0	70 01	10/				
cause. Enter UNDERLY	ING	· CA	resi	sur	OF	- 6	PRO	57	ATE				
CAUSE (Disease or Injuthat Initiated events		OUE TO	OR AS A	CONSEQUENCE	OF):		1	,					
resulting in death) LAS	T	d											
PART II. Other algolfica	ent condition	na contributing to	n deeth bu	t not resultin	a in the und	arivin	or cause	given ir	Part I 2	An WAS AL	N AUTOPSY	. 2	4b. WERE AUTOPSY FINDINGS
DIA	15055	MELL			y	y	y cause	givein		PERFO	RMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE
J. 44	36/6)				· · ·				— I ¹	YES	2 240		OF DEATH?
0/2/	MANY	TUSI	1-1	ESEN	7	_			—				1 YES 2 NO
	TO MEDICAL												
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	HOSPITAL:			OTHER:				heck only one)				
1 TYES 2 NO				tient 3 DOA		_		lesidence	6 Other (
_	Pending	28a. DATE O (Month,	Day, Year)	260.	IME OF 2	W	JURY AT ORK? YES 2 [¬ NO	28d. DESC	WOH SOM	INJURY O	OCUMED	
2 Accident	Investigation	260 PLACE	OF IN HIEV	- At home, ferr				NO	201 1 0 CAT	ION (Phone	and Mumb	A. A. D.	of Bords Number
3 Suicide 8 4 Homicide	Could not be determined	building	, etc. (Specif	(y)	n, autout, ractor	y, OTTK	-			Town, State		er or muni	al Route Number,
no centiere						_						_	
Correct Only		ICIAN: To the best of											
2 MEC	HCAL EXAMIN	ER: On the basis of	examination	end/or investig	ation, in my op	nion,	death occu	ared at th	e time, date a	nd place, e	and due to	the caus	e(e) and manner se stated.
29b. SIGNATURE AND TITLE	OF CERTIFIE	R			1,0		29c. LIC	ENSE NU	JMBER		29d. D/	TE SIGN	ED (Month: Day, Year)
0 2	2	5 =	>_	/	7.1.		1	216	1991			7/	3/9/
30. NAME AND ADDRESS O	F PERSON W	HO COMPLETED CA	USE OF DEA	TH (ITEM 27) (7	roe, Print)							1	/

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR After his bein sen signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunal, cremation, or removal.

IMPORTANT: If item 25 is, marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. TO THE HOSPITAL OR ATENDING PHISICAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be treatined by the hospital or attending physician. TO THE FINERAL DIRECTION After this penificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trant be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFI	CATE O	DEATH	REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) SYLVESTER L	EWIS				2. DATE OF DEATH MONTH DO	3	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 212-46-4836		GE (In yrs. last birthday) 46 YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE OF BIRTH (Month, Day, Year) 8-30-44	4	BIRTHPLACE (State or Foreign Country) MD
9a. FACILITY NAME (If not institution, give at	reet and number)		9b. CITY, TOWN	OR LOCATION OF D	EATH	9c. COUNTY	
623 N. Port Stree			Baltin			Baltin	more City
MD 100. COUNTY			ALTIMO				10d. INSIDE CITY LIMITS? Y YES 2 NO
822 RUTLAND	AVENUE			21205			S . A .
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1	ES 2 NO	If yes,		NIC ORIGIN? (Specify Yea an, Puerto Rican, etc.) y:	or No- 14.	RACE — American Indian, Black, White, etc. Specify: Black
15. DECEDENT'S EDU((Specify only highest grade) Elamentary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S I (Give kind of w life. Do NOT use	rork done during i	TION most of working	16b. KIND OF BU	SINESS/INDUST	FRY
9th Grade		Unemj	ployed				
17. FATHER'S NAME (First, Middle, Lest) $Irvin \qquad Le$	ewis			18. MOTHER'S NA Mar	AME (First, Middle, Maiden Y	Surname)	Speed
19a. INFORMANT'S NAME (Type/Print) Russell Lewis	3	19b. MAILING 4339	ADDRESS (Street	field A	Route Number, City or Tow ve./Balt:	m, State, Zip Co	Md 21206
20e_METHOD OF DISPOSITION ↑ Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	oval from State	20b. PLACE AND DATE					or Town, State Cundel Co, M
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			AND ADDRESS OF FA		01 E.	NORTH AVE.
IMMEDIATE CAUSE (Final disease or condition resulting in death)		IC LIVER D.					Onset and Deat
Sequantially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	AS A CONSEQUENCE OF					
PART II. Other aignificant condition	a contributing to das	ith but not resulting I	n tha undarly	ing cause given in	1 Part I. 24a. WAS AP PERFO 1 Dayyes	RMED?	24b. WERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C			
1 X YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER 28a. DATE OF INJI (Month, Day, Y	JRY 28b, TIM	4 Nursing H	ome 8 Residence NJURY AT WORK?	8 Other (Specify) V		
1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28a. PLACE OF IN	JURY — At home, farm, a	M 1 [YES 2 NO	281. LOCATION (Street	and Number or	Rural Route Number,
4 Homicide datermined 29a. CERTIFIER (Check only 1 CERTIFYING PHYS)	building, etc.	knowledge, death occurre				nner as stated.	ause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CONTROL	500			29c. LICENSE NU			IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CLUSE O	F DEATH (ITEM 27) (Type,	Print)	O.C.M.	E	07	01 1991
AM DI	X ST REGISTRASS	111		Street, E	Baltimore M	larylan	d 21201
31. DATE FILED (Monto, Day, 1887)	1 maranas						

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARMAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death, Page 6 may per many members by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 most periodicate has been signed by the attending physician and completely filled in by the funeral director, page 5 most periodicate has been signed by the attending physician and completely filled in by the funeral director.	be filed within 72 hours after death with the State Dept, of Health and Menfal Hygiene prior to bunal, cremation, or removal.	INDODITANT: If from 28 is marked or flam 23 shows any fallow or other fraumatic event the medical examiner must be notified at once
	T0 T	TO T	be file	DOM

Pages 1, 2, 3 should

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAI	ND / DEPARTM			MENTAL HYGIEI				
	1. DECEDENT'S NAME (First, Middle, Last) INA MAY	LASTE	CR			2. OATE OF OEATH	2 4	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-20-5576	5. SEX 6. AGE (In		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day Year) SEPT. 29,		BIRTHPLACE (State or Foreign Country)		
TOR	98. FACILITY NAME (If not institution, give sin	ing Parkway	NWIS	CITY, TOWN OR	ntwort					
DIRECTOR	10s. STATE 10b. COUNTY	BALTIMORE		LTIMOR				10d. INSIDE CITY LIMITS? 1 YES XX NO		
	10e. STREET AND NUMBER			ZIP CODE 10g. CITIZEN OF WHAT COUNTRY						
FUNERAL	1232 DAMSEL ROAD 11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ABMED			IC ORIGIN? (Specify Y		U. S. A. I. RACE — American Indian, Black, White, etc.		
В	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES IF YES, GIVE WAR OR DATE			NO Specify.	n, Puarto Rican, atc.)		Specify: WHITE		
COMPLETED	15. DECEOENT'S EOUC. (Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use ret HOMEM AK	done during most ired.)	of working	OWN HC		STRY		
	NA 17. FATHER'S NAME (First, Middle, Last) JOHN HARRIS									
TO BE	198. INFORMANT'S NAME (Type/Print) CAROLYN M. HILKER	(FRIEND)				ALTIMORE,				
	20a, METHOO OF OISPOSITION 1X Purial 2	val from State 20b. F	CRED HEAR					y or Town, Stata RE, MD.		
	21. BIGMATURE OF FUNERAL RETRYICE LICE	Sund		SCHIMU	NEK FUNE REHMS LA	RAL HOMES	, INC.	MD. 21213		
	23. PART I. Entar the diseasea, or co ahock, or heart failure. L	omplications that caused t lat only one cause on each	the death. Do not o		100			Interval Between		
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	OUE TO (OR AS A (CONSEQUENCE OF):	yo	rand	ce j	Jan	Onset and Death		
NO	Sequentially list conditions,	AJ	CONSEQUENCE OF):	_ (fut	Ce. s	en			
CATI	If any, laading to immediata cause. Entar UNDERLYING CAUSE (Disease or Injury		CONSEQUENCE OF):							
CERTIFICATION	that initiated events reaulting in death) LAST	1	JOHOLOULING OF J.							
AL	PART II. Other significant conditions	contributing to death but	t not resulting in ti	na undarlying	cause given in	PERF	N AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE		
PHYSICIAN: MEDIC						1 _ YES	2 110	OF DEATH? 1 YES 2 NO		
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	0	28. PL/	ACE OF DEATH (Che	eck only one)				
HYSI	1 YES 2 NO 27. MANNER OF OEATH	1 Inpetient 2 ER/Outpet 28s. DATE OF INJURY (Month, Day, Year)		Nursing Home F 28c. INJU	RY AT	a Other (Specify) 28d. DESCRIBE HOV	INJURY OCCU	RED		
B	1 Natural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE OF INJURY - building, atc. (Specifi	- At home, farm, stree	M 1 🗆 YI	ES 2 NO	28f. LOCATION (Street		r Rural Route Number,		
ETE	4 Homicide detarmined					City or Town, Ste				
COMPLETED	(Check only	CIAN: To the best of my knowle R: On the basis of axamination						cause(a) and manner as stated.		
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIER	w w			DOP NUM	3 W	29d. DATE :	SIGNED (Month Day, Year)		
	GRACR	COMPLETED CAUSE OF DEA	-T R	rcrc	1 703 BA	S. CL.	E MI	21224		
	JUL 05 1991 July	32 BEGISTRAR'S SIGNA	TURE			ALL TRACTOR				

annul perfeit. Pages 1, 2, 3 should

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physics TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burning within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF	MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEAT	H		REG. NO.

_	TEGOTIAN CENTRAL		TIEG. 140.	
	1. DECEDENT'S NAME (First, Middle, Last) JOSEPH D. LUHR MAN		2. DATE OF DEATH MONTH DAY 9	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF U			BIRTHPLACE (State or Foreign Country)
	214 20 6574 17 M 2 OF 83 YRS. WONT	HS DAYS HOURS MIN.	1 POPI PI - 7932	PARYLAND
~		CITY, TOWN OR LOCATION OF DEAT	TH 9c. COUNT	OF DEATH
DIRECTOR	HARBOR HOSPITAL	SALTIMORS		
HE		WN OR LOCATION		10d. INSIDE CITY LIMITS?
	100 STREET AND NUMBER	ERY HALL		1 YES 2 NO
FUNERAL	34 ARLEA ROAD	101. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED	13. WAS DECENDENT OF HISPANIC		. RACE — American Indian,
BYF	1 Never Merried 2 Merried FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	If yes, specify Cuben, Mexican, 1 Tyes 2 NO Specify:	Puerto Rican, etc.)	Black, White, etc. Specify:
ED B	15. DECEDENT'S EDUCATION 16a. DECEDENT'S USUA	AL OCCUPATION	18b. KIND OF BUSINESS/INDUS	WHITE
		one during most of working		
COMPL	8 YRS- Com. TR	wek Taints	DAVIDSON	TRAN. LO-
	17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME	E (First, Middle, Malden Surname)	
BE	196. INFORMANT'S NAME (Type/Prigt) 196. MAILING ADD	RESS (Street and Number or Rural Ro	NKOGWO ute Number, City or Town, State, Zip C	ode)
임	FAMILY RECORDS SA	- 0 00	ovs	,
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF		OATE 20c, LOCATION - CH	y or Town, State
	3 Removal from State Donation 5 Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FACIL	FULLERTO	50,170.
	10015	EVANS CHAP	RTOEL RUDGE	325
	23. PART I. Enter the diseases, or complications that caused the deeth. Do not e	8800 HARF	es certies or respiratory erres	it. Approximate
	ahock, or heart failure. List only one cause on each line.			Interval Between Onset and Death
	disease or condition VENTRICULAR	FIBRILLA	TION	
	DUE TO (OR AS A CONSEQUENCE OF):			
S O	Sequentially list conditions, b. FLECTRO MECVA NI DUE TO (OR AS A CONSEQUENCE OF):	CAC 2/3302	141100	
CA	If any, leading to immediate csuse. Enter UNDERLYING CAUSE (Disease or Injury			
CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in deeth) LAST DEHYDRATION			
				İ
CAL	PART II. Other significant conditions contributing to death but not resulting in the		art I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
ă	RESPIRATORY INSUFFICI	E10 C7	1 □ YES 2 12 NO	OF DEATH?
			-	1 TYES 2 NO
NA I	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	26. PLACE OF OEATH (Chec	k only one)	
PHYSICIAN: N	1 YES 2 NO 1 Inpettent 2 ER/Outpettent 3 DOA 4	HER: Nursing Home 5 - Residence 6		
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY (Month, Day, Year)	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OCCU	RED
BY	2 Accident investigation 3 Suicide 6 Could not be hullding at (Specific)		28f. LOCATION (Street and Number of	Rural Route Number,
Ë	4 Homicide determined building, etc. (Specify)		City or Town, State)	
7	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at	the time, date and place, end due to	the cause(e) end manner as stated	i.
COMPLETED	One) 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in	my opinion, death occured at the ti	me, dete end place, end due to the	couse(e) and manner as stated.
BE	206. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUME		SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print			1-1/1/
	HARBOR VHOSP - 3001 S. HAND	VER ST - B	ALT Md 21	2 70
	31. DATE FILED (Month, Day, ber) 1991 32 REGISTRAD'S SIGNATURE			

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physicians.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burkal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	REGISTRAN		OLI	IIIIIOAI	_ 01	DLA		HEG. N	0.			
	1. DECEDENT'S NAME (First, Middle, Last)	T T A TIVEN	LIOUELL	17-50				2. DATE OF DEATH MONTH	DAY	YEAR	TIME OF DEATH	
	MARY CECI	LIA AIKEN	6. AGE (In yrs. lest bit)2		CE (State or Foreign	
	111111111111111111111111111111111111111	0.000	III	MONTHS	DAYS	HOURS	MIN.	7. DATE OF BIRTH (Month, Day, Year)		Country)		
		214-01-2277 1 M 2X F 79 YRS.						JULY 17.		911 BALTIMORE		
~	9a. FACILITY NAME (If not institution, give		17		•		ON OF DEAT	TH	9c. COU	NTY OF DEATH	1	
5	NORTH ARUNDEL HO	SPITAL A	<u>SSOCIATIO</u>	N (GLEN	BURN	TE			A.A. COUNTY		
입	10a. STATE 10b. COUNT	Y	Ti	Oc. CITY, TOWN	OR LOCA	TION				100	I. INSIDE CITY	
DIRECTOR	MARYLAND	BALTIM	LTIMORE				LIMITS?					
FUNERAL	1925 WHISTLER A		101. ZIP CODE 21230				10g. CITIZEN OF WHAT COUNTRY? U.S.A.					
à l	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	T EVER IN U.S. ARME YES 2 NO WAR OR DATES	D 13	If yes, sp	ecify Cubs		C ORIGIN? (Specify Puerto Rican, etc.)	fes or No—	14. RACE — Black, Wi Specify:	American Indian, hits, etc. WHITE	
	15. DECEDENT'S EDU			DENT'S USUAL				16b. KIND OF I	SUSINESS/IN	DUSTRY		
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5	Min Do	kind of work done NOT use retired.	during m	ost of workli	ng					
립		1 YEAR		ASSE	MBLY			WESTER	N ELE	CTRIC		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						HER'S NAM	E (First, Middle, Maid				
BE C	CHARLES GERARD A	IKEN				MAR	y .TOS	SEPHINE	McKe	nna		
	19a. INFORMANT'S NAME (Type/Print)					and Numbe	r or Rural Ro	oute Number, City or	own, State, Zi	p Code)		
9	JOAN SIMMS		19.	25 WHIS	TLEF	AVE	NUE,	BALTIMOR	E, MD	. 2123	0	
	20a, METHOD OF DISPOSITION 1 A Burlel 2 Cremetton 3 Ren 4 Donation 6 Other (Specify)	noval from State		ID DATE OF DIS ematory or other ORE NAT			мғтғр	DATE 20c.	LOCATION —	ORE.	State	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	DALILIT	22	NAME A	ND ADDRE	SS OF FACI	LITY				
	- Charlopher	- H.h	rules					AL HOME I		ORE, M	D. 21229	
	23. PART I. Enter the diseases, or	complications the	t caused the deati	h. Do not ante	r tha m	oda of dy	ing, such	ss cardiac or re	apiratory as	rrest,	Approximata	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Um	neon and line.	To	one	f	n	feet ns	2		Interval Between Onset and Death	
_		o Level	(OR AS A CONSECUE	ENCE OF):	le	B-e	ie	ms a	du	e		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSEQUE	ENCE OF:	to	2	ren	Shr	oke			
2	cause. Enter UNDERLYING CAUSE (Disease or Injury	c 430	ems 9									
	that initiated events resulting in death) LAST	COUE TO	(OR AS A CONSEQUE	ENCE OF):	~	um	8	molo	mel	•		
EH		d	7000	- /-				/				
EDICAL C	PART II. Other significant condition	na contributing to	death but not res	ulting in the	ındariyir	g cause	given in P	PERI	AN AUTOPSY FORMED?	AM CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION OF CAUSE DEATH?	
Σ								-		1 ''	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL				26 5	ACE OF I	DEATH (Chec	ok ontv noet				
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐	ОТН	ER:							
448	27. MANNER OF DEATH	28a. DATE Of		28b. TIME OF	1	JURY AT	_	28d. DESCRIBE HO	W IN HIEV O	CHRED		
	1 Natural 5 Pending	(Month, L		INJURY	W	ORK? YES 2		ave. Deverme 110		JOUNES		
BY	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE C	OF INJURY — Al home	, farm, atreet, to				28f. LOCATION (Stre	et and Numb	er or Rural Rout	Number.	
E	4 Homicide 8 Could not be	building,	etc. (Specify)					City or Town, St	sto)		,	
COMPLET	29a. CERTIFIER	RICIANI To the house	l mu limanitata a a a		Men.					ad a d		
MP	(Check only one) 2 MEDICAL EXAMIN										d manner se stated	
8			Para Interest Interest Interest		, spaniel,	-						
BE	296. SIGNATURE AND TITLE OF CERTIFIC		9		/	79t. LIC	LL 12	C	29d, DA	TE SIGNED /M	onth. Day. Weer)	
9						DI	713	0		115	11	
	30. NAME AND ADDRESS OF PERSON W				,,			/oz === ===				
			1600 CRAI	N HIGHV	VAY,	SW,	#201/	GLEN BUH	NIE.	MD 210	61	
	31. DATE FILED (Month, Day, Ybar)	JZ. MEGISTRA	AR'S SIGNATURE									

1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, I	Adictella (ant)		C	ERTIFI	OAILO	DEMINI	1	REG. NO	•		3. TIME OF DEATH	
MAMIE D. 1	LAYMAN						M	ONTH D	, 1	991	11:34 A.N	
4. SOCIAL SECURITY NUMBE 217-22-5617		5. SEX 1 ☐ M 2 🎇 F	8. AGE (In yrs. le	est birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		(A	ATE OF BIRTH fonth, Day, Year) [E 27,19		KE	NTUCKY	
9a. FACILITY NAME (if not institution, give street and number) 7233 SAWMILL BRANCH ROAD					96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE				BALTIMORE			
RESIDENCE OF DECI 10a. STATE MARYLAND	10b. COUNTY BALTIMORE				c. CITY, TOWN OR LOCATION BALTIMORE						10d. INSIDE CITY LIMITS? 1 YES 2 X NO	
100. STREET AND NUMBER 7233 SAWM	ILL BR	ANCH ROA	ΔD			101. ZIP CODE 21207					EN OF WHAT COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 1 3 Divon			T EVER IN U.S. A YES 2 TO WAR OR DATES	NO	If yes,	ECENDENT OF HISP specify Cuban, Mexi ES 2 NO Spec	can, Pur		a or No—	CE — American Indian, ck, Whita, atc.		
15. DECE (Specify only Elementary/Secondary (0- 12TH GRADE	DENT'S EDUC highest grade	CATION completed) College (1-4 or 5		(Give kind of w in. Do NOT us	USUAL OCCUP! york done during e retired.)	ITION most of working		16b. KIND OF BU			TRY	
17. FATHER'S NAME (First, Mic LAFAYETTE (SR.	•				ESCHALE OF	rst, Middle, Maider				
194. INFORMANT'S NAME (7)(CHARLES L.		N	1			et and Number or Run L BRANCH					. 21207	
20s. METHOD OF DISPOSITION 1X Burlel 2 Cremation 4 Donation 8 Other	ON n 3 □ Reme	ovel from State	20b. PLAC	E AND DATE	OF OISPOSITI	ON (Name		OATE 20c. LO	CATION -	- City or 1	fown, State	
	Specify)		of cemetar MEADO	DWRIDG	E MEMO	RIAL PARE	7 17	/6 EL	KRID	GE		
21. SIGNATURE OF FUNERAL	Specify) . SERVICE LIC	ENSEE	26		22. NAME HUB: 410		FACILITY ERAL S AV	HOME I	ALTI	MORE		
21. SIGNATURE OF FUNERAL 23. PART I. Enter the die	Specify) SERVICE LIG	complications the	at coused the cuse on each lin	death. Do m	22. NAME HUB: 410 not enter the	AND ADDRESS OF BARD FUNE WILKENS	ERAL S AV	HOME I ENUE, B cerdiec or reep	NC. ALTII	MORE	Approximata interval Batwe	
23. PART I. Enter the dis- shock, or he iMMEDIATE CAUSE (Find	Specify) SERVICE LIC SERVICE LIC Secret feilure. Secret feilure. Secret feilure.	DUE TO	at coused the cuse on each life	death. Do non.	22. NAME HUB. 410 not enter the	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, as	ERAL S AV	HOME I ENUE, B cerdiec or reep	NC. ALTII	MORE	Approximata interval Batwe	
23. PART. Enter the disprock, or he IMMEDIATE CAUSE (Findiseese or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY!! CAUSE (Disease or injuit that initiated events	Specify) SERVICE LIC SERVICE LIC Secret feilure. Secret feilure. Secret feilure.	a. DUE TO DUE TO d	at coused the cuse on each life (1900) (OR AS A CONS	death. Do man. AAAT BEOUENCE OF	22. NAME HUB. 410 not enter the first firs	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, as	FACILITY ERALL S AV Johnson	HOME I ENUE, B cerdlec or resp	NC. ALTII	MORE rrest,	Approximate interval Batwee Onset and Deal Onset an	
23. PARPT. Enjoy the disprock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY if CAUSE (Disease or injuithet initiated events resulting in death) LAST	Specify SERVICE LIC SERVICE LIC Seese, or cert feilure. Seese, or cert feilure. It condition The condition	DUE TO DU	of coused the cuse on each ille	death. Do non. A A T T T T T T T T T T T T T T T T T	22. NAME HUB. 410 not enter the series. Fig.	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, at 10 (9)	in Part	HOME I ENUE, B cerdiec or resp	NC. ALTII	MORE rrest,	Approximate interval Betwee Onset and Deal Onset an	
23. PABP I. Enter the disprock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injurthet initiated events resulting in death) LAST PART II. Other significant conditions in death) LAST 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 200	Specify SERVICE LIC SERVICE LIC Seese, or cert feilure. Seese, or cert feilure. It condition The condition	DUE TO DUE TO	of ceused the cuse on each life (1900) (OR AS A CONSTO) (death. Do man. AAAT BEOUENCE OF BEQUENCE OF T resulting SCALL 3 □ DOA 286. TIM	22. NAME HUB. 410 not enter the windering from the underly from the underl	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, at 1 C (9) (ing couse given 2 C C C C PLACE OF DEATH (10) iome 5 Residence INJURY AT WORK?	in Part	HOME I ENUE, B cerdiec or reep	NC. ALTII	MORE strest,	Approximate interval Betwee Onset and Deal Onset an	
23. PARPT. Enjoy the disprock, or he immediate CAUSE (Find disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or injurthet initiated events resulting in death) LAST PART II. Other significes 25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 2 00 27. MANNER OF DEATH 1 Accident 3 Suicide e	Specify SERVICE LIC SERVICE LIC Seeses, or coert fellure. ons, liste NG or ont condition ple	DUE TO DUE TO DUE TO DUE TO A CONTributing to A CONTributing to A CONTRIBUTION DUE TO A CONTRI	at coused the cuse on each life (1900) (OR AS A CONS) (OR AS A CON	death. Do man. AAA THEOUENCE OF SEQUENCE	22. NAME HUB. 410 not enter the state of the	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, at 1 C	in Part	HOME I ENUE, B cerdiec or resp 1. 24a. WAS AI PERFO 1 YES	NC. ALTII	MORE rrest,	Approximate interval Betwee Onset and Deal Onset an	
23. PART I. Enter the disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or injust the initiated events resulting in death) LAST PART II. Other significes the condition of the	Specify SERVICE LIC SERVICE L	DUE TO DUE TO	at ceused the cuse on each ille and a constant of the constant	death. Do man. ACT TO MEDIUM TO MED	22. NAME HUB. 410 not enter the 410 F): F): F): OTHER: 4 Nursing below 1 1 28c. WHY M 1 1 28c. WHY M 1 1 28c.	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, at 1 C (9) (ing couse given 2 C C C C PLACE OF DEATH (10) iome 5 Residence INJURY AT VES 2 NO office Sets and piece, and office	in Part Check or 28d	HOME I ENUE, B cerdlec or resp 1. 24a. WAS AI PERFO 1 TYES 1. YES 1. OCATION (Street City or Rown, State) c cause(s) and m.	NC. ALTII Iratory a N AUTOPS' RMEO? 2 1 ond Numb s)	MORE rrest, Y 2-4	Approximate interval Betwee Onset and Deal Onset an	
23. PART I. Enter the disease or condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) Sequentielly list condition resulting in death) CAUSE (Disease or injust the initiated events resulting in death) LAST PART II. Other significes the condition of the	Deese, or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure. Dons, liste NG or of cert fellure.	DUE TO DUE TO	at coused the cuse on each life (9 of on as a cons of one as a cons of on	death. Do man. AAA To EQUENCE OF SEQUENCE	22. NAME HUB. 410 not enter the 410 not enter th	AND ADDRESS OF BARD FUNE 7 WILKENS mode of dying, at 1 C (9) (ing couse given 2 C C C C PLACE OF DEATH (10) iome 5 Residence INJURY AT VES 2 NO office Sets and piece, and office	in Part Check or 28d 28d UMBER	HOME I ENUE, B cerdlec or reep 1. 24a. WAS AI PERFO 1 YES 1. YES 1. DESCRIBE HOW LOCATION (Street City or Rown, Steet e cause(s) and m data and place, a	NC. ALTII Ilratory a N AUTOPS' RRMEO? 2 On Number on on one of the second seco	MORE Trest, Y 2-4 CCCURED Door or Rura teted. The cause	Approximate interval Batwee Onset and Deal Onset an	

BALLIMURE, MARTLANI	thin 24 hours after death. Page 6 may be retained by the host	stely filled in by the funeral director, page 5 should be detache mation, or removal.	it, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOA 86/80,	TO THE HIGH PART THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE PLANEAL DIFFERENCE After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within the annual min death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	st, Middle, Last)	William	S ylve	ester	L	EPPE	RT	9	2. DATE O		991	YEAR	3. TIME OF DEATH 5:51 P
4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. le	ast birthday)	IF UNDER	1 YEAR	IF UNDER		7. DATE O	E BIRTH		8. BIRT	HPLACE (State or Forei
216-03-564	17	1 🔀 M 2 🗌 F	87	YRS.	MONTHS	DAYS	Houns	MIN.	05/	26709)	Mar	yland
9e. FACILITY NAME (# not li	Institution, give s				96. CITY	, TOWN (OR LOCATI	ON OF DE	EATH		9c. COUN	NTY OF	DEATH
Franklin S	quare	Hospital			R	ossv	ille				Ba 1	timo	ore County
RESIDENCE OF DE	T											-	
Maryland Baltimore				r, rown o altii								10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO	
10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CITI	ZEN OF	WHAT COUNTRY?
4306 Kolb	Avenu	le					2120	6			υ,	S. A	
			MAR OR DATES	WW2		If yes, sp		n. Mexice	NIC ORIGIN? (Specify Yes or No— 14. R/ in, Puerlo Ricen, stc.)			14. RAC Blec Whil	E — American Indien, k, White, etc.
	CEDENT'S EDU	JCATION	16a. Di	ECEDENT'S	USUAL O	CCUPATIO	ON	n7	16b. I	KIND OF BU	SINESS/IND	USTRY	
Elementary/Secondary (College (1-4 or 5	+) #	le. Do NOT u	se retired.)		18t OF WOTEN	ng	We	stern	Elec	ctri	.c
17. FATHER'S NAME (First, A	Middle Last)		LStu	ippin	a CIE	erk_	18 MOT	HER'S NA	_	iddie, Maiden			
										t Har			
William Jo		Ieppert	4	~ MAN INC	*2005501	- Champal s		<u> </u>		or, City or Tow		Onda)	
Ann Leppe:										e, MI		1206	
20g, METHOD OF DISPOSIT 1 D Burlet 2 Cremati 4 Donation 5 D Othe	ion 3 🗆 Rem	noval from State	of cemetary	ry, crematory	y or other p	Com	0+000		8/91E	Bal	timor	ce,	MD.
21. SIGNATURE OF FUNERA		CENSEE	- IHOTA	Rede	emer	Cem	eter	OF FA	CHITY				Home, Inc
ma	irilon	L VYII	7/1/1/10							PPCT		-	is inc / Life
IMMEDIATE CAUSE (FI	heart fellure. Inel	List only one cer	use on each lin	10.	not enter	the mo	Bel	aır	Road	Balt	imore	e, M	D. 21206 Approximate interval Bet Onset and I
shock, or h IMMEDIATE CAUSE (FI	heart fellure. Inel	e. Ischem	O (OR AS A CONSE	t Dis	not enter	the mo	Be 1	alr	Road	Balt	imore	e, M	Approximate interval Bet
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05 1991

32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

ding physician.	s the busial-bransit p	
y the hospital or atter	be detached for use as	at once.
ge 6 may be retained b	irector, page 5 should 1	must be notified
hours after death. Page	lled in by the funeral d	e medical examine
be executed within 24	ician and completely fill for to burial, cremation	raumatic event, the
at the death certificate	by the attending physicand Mental Hydiene or	ry injury, or other t
V: The law requires th	icate has been signed State Dent, of Health	item 23 shows an
ATTENDING PHYSICIAL	CTDR: After this certification with the	28 is marked, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transition of temporal. The first within 70 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 Is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. 1. DECEDENT'S NAME (First, Middle, Last 2. DATE OF DEATH 3. TIME OF DEATH YEAR MONTH JUNE 30 1991 TZBOWER 5:45 A.M. M 7. DATE OF BIRTH
(Month, Day, Year)
(MORCH II, 1933 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. PENOSYLVANIA 9647 DAYS HOURS 30 1 M 2 F 9a. FACILITY NAME (If not institution, give 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 22-102 RAINFLOWSR PARKS BALTIMORS DIRECTOR 10a. STATE 10b. COUNT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTIMORS ARYLAND PARKS 1 YES 2 NO 10e. STREET AND NUMBER 10g, CITIZEN OF WHAT COUNTRY? FUNERAL 10f. ZIP CODE 2152 -102 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—If yes, specify Cuban, Maxican, Puerto Rican, etc.)
 U YES 2 NO Specify: 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black. White, etc. FORCES? 1 YES 2 2 NO 1 Never Married 2 Married BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16h. KIND OF BUSINESS/INDUSTRY (Specify only high lementary/Secondary (0-12) SSCRETARY GETZ-GETZ+GETZ-ATTORNEYS 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) ALFRE Sipl FORSTER BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 CORDS 20a, METHOD OF DISPOSITION

OF Burial 2 Cremation 3 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of come 20c. LOCATION - City or Town, State 3 Ren Timonium rans CHAPEL OF CHIMES
1325 YORK ROAD - Time 21. SIGNATURE OF PHILIPAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY EVANS 2325 Mo. Mans -Timorium BUR 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiretory street, shock, or heert fellure. Liet only one cause on each line. Approximate Interval Between Onset and Deeth IMMEDIATE CAUSE (Finel disesse or condition resulting in death) sevil mos respigatory 5 years amy & trophic BY PHYSICIAN: MEDICAL CERTIFICATION Sequentially list conditions, if sny, leading to immediate DUE TO FOR AS A CONS SEQUENCE OF: cause. Enter UNDERLYING CAUSE (Disesse or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in deeth) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS PERFORMED? MAK ARI F PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO 1 YES 2 NO 28. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL **EXAMINER?** OTHER: 1 YES 25 NO 1 Inpetient 2 ER/Outpetient 3 DOA g Home 5 Rasidence 6 🗆 Other (Specify) 4 - Nursi 27. MANNER OF DEATH 28a. DATE OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 28b. TIME OF Natural 1 YES 2 NO Investigation 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 🔲 Suicide 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER TX CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of a 296. SIGNATURE AND TITLE OF CERTIFIE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D25089 91 2

HOPKINS HOSPITAL

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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	1 - STATE REGISTRAR	STATE OF MARYLAND / DEPAR CERTIF	RTMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)	mcVeigh so		2. DATE OF OEATH	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 6. NGE (In yrs. last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)
	: 012 14 0212	M 2 DF 68 YRS.	MONTHS DAYS HOURS MIN.	JUNE 21, 1933 1	W.VA.
TOR	90. FACILITY NAME (If not institution, give street St Joseph Ho RESIDENCE OF DECEDENT	spital	7620 YORK RO	9c. COUNTY	1.1271
DIRECTOR	100. STATE 10b. COUNTY	10c. CI	Y, TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 ☐ YES 2 NO
FUNERAL	100. STREET AND NUMBER	Os Ars.	10f. ZIP CODE	10g. CITIZEN	OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 12 1 ☐ Never Merried 2 ☐ Merried 3 ☑ Widowed 4 ☐ Divorced	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 N YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexica 1 YES 2 NO Specifi	n, Puerto Rican, etc.)	RACE — American Indien, Black, White, atc. Specify:
	15. DECEDENT'S EDUCATION (Specify only highest grade com-	pleted) (Give kind of	USUAL OCCUPATION work done during most of working	16b. KINO OF BUSINESS/INDUST	TRY
PLET	Elementary/Secondary (0-12) C	ollege (1-4 or 5+) DSPT	STORE PRANC	. Looks Ds	PT. STORS
COMPL	17. FATHER'S NAME (First, Middle, Last)	25 5 7 1	16. MOTHER'S NA	ME (First, Middle, Maiden Surname)	
BE	190. INFORMANT'S NAME (Type/Pdint)	19b. MAILING	3 ADDRESS (Street and Number or Rural	Route Number, City or Town, State, Zip Co	de)
입	FAMILY RECO		AME AS ABOI		
	20e, METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Removal 4 Donation 5 Other (Specify)	from State remetary cremator	y or other Nace)	DATE 200 LOCATION - CHY	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE	22. NAME AND ADDRESS OF FA	SOUTH OF PENOR	1
	23. PART I. Entar the diseases, or com	plications that caused the deeth. Do			Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition	Pasperatory	Fallers.		Onset and Death
	resulting in death) a	QUE TO (OR AS A CONSEQUENCE O	PF: (200 PA	1 / 21	HMAS
NO.	Sequentially list conditions, If any, leading to immediate	DUE TO (OR AS A CONSEQUENCE O	OF):	enone Lary	my 7 mus
CAT	ceuse. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSEQUENCE C	nn.		
ERTIFICATION	that initiated events reaulting in deeth) LAST	DUE TO (OR AS A CONSEQUENCE C	rr):		
O	PART II. Other algorificant conditions of	ontributing to death but not resulting	in the underlying cause given in	Part I. 24s. WAS AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL	anore	Ka Welg	hy hoss	PERFORMED? 1 YES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
: ME				-	1 TES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:	26. PLACE OF DEATH (C/	neck only one)	
HYS	1 VES 2 100 1	Appatient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY 26b. Til	4 Nursing Home 6 Residence	6 ☐ Other (Specify) 28d, DE\$CRIBE HOW INJURY OCCUP	RED
ВУ Р	1 Natural 5 Pending 2 Accident Investigation		M 1 YES 2 NO		
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	arreet, factory, office	28t. LOCATION (Street end Number or City or Town, State)	riumi Houte Number,
COMPLETED	and and	N: To the best of my knowledge, death occur On the basia of examination end/or investigati			suse(e) end manner ee stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIER	N	29c. LICENSE NU	MBER 29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF DEATH (ITEM 27) (Typ	S, MD	(494 909	9)

32. hEGISTRAR'S SIGNATURE JUL 5 1991

BALTIMORE, MARYLAND

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be det		IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at on
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	1. DECEDENT'S NAME (First, Middle, Last) Rode	hick i	nc	Gowal	,		2. DATE OF DEAT	H DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX. 212-70-7043 1 M 2 F	6. AGE (In yrs. less		IF UNDER 1 Y		NDER 24 HRS. RS MIN.	7. DATE OF BIRTI	71957	8. BIRTH	PLACE (State or Foreign
	9e. FACILITY NAME (If not institution, give street and number)			9b. CITY, TO	WN OR LO	CATION OF DI			UNTY OF D	
E I	University Hospital			В	alti	more	Citv			
5	RESIDENCE OF DECEDENT			_				1		
DIRECTOR	MARYLAND 10b. COUNTY		10c. CIT	Y, TOWN OR L		RE CI	TY		-12	104. INSIDE CITY LIMITS? 1 X YES 2 NO
A	10e. STREET AND NUMBER				101. ZIP	33.22		10g. C		VHAT COUNTRY?
E	2230 LINDEN HEIGHTS A	VENUE			2	1215			US	A
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	YES 2 A	MED	If ye	s, specify		NIC ORIGIN? (Specition, Puerto Rican, etc.) iy:		14. RACE Black Speci	E — American Indian, c, White, atc.
	15. DECEDENT'S EDUCATION	16a, DE	CEDENT'S	USUAL OCCU	PATION		16b, KIND O	F BUSINESS/II	NDUSTRY	
PLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +	(G	ive kind of Do NOT u	work done during	g most of v	vorlding				
COMPL	17. FATHER'S NAME (First, Middle, Last) JASPER McGOWAN				16.		ME (First, Middle, MINTE MCG			
TO BE	19a. INFORMANT'S NAME (Type/Print) ELLEN COLE						Poute Number, City of			21229
	20a. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from State 4 Donetion 6 Other (Specify)			STAR				BALTI		wn, State MARYLAND
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	400	1	22. NAI LE	TOY	O. DY	ETT &	SON F	UNER	AL HOME E 21207
	23 State the discussion or completions that		oth Da							
	23. PART + Exter the diseases, or complications that shock, or heart failure. List only one cau immediate CAUSE (Final disease or condition resulting in desth)	9 Kihs		disea	200		on se cardiec or	вариасогу	arroat,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate course. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
	PART II. Other significant conditions contributing to	desth but not i	resulting	in the unde	riying car	ise given in	Part I. 24a, W	S AN AUTOPS	Y 24b	. WERE AUTOPSY FINDINGS
EDICAL							PE	RFORMED?		MAILABLE PRIOR TO COMPLETION OF CAUSE
Σ	Seizule activity									
A	25. WAS CASE REFERRED TO MEDICAL			-	26. PLACE	OF DEATH (C)	heck only one)			
Sic	EXAMINER? 1 VES 2 NO 1 Pinpatient 2	ER/Outpatient 3	□ DOA	OTHER:	Home 5	□ Residence	8 Other /Sneck	4)		
Y PHYSICIAN:	27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 1 Natural 5 Pending 28s. DATE OF INJURY (Month, Day, Year) M 1 VES 2 NO							CCURED		
TED BY	2 Accident Investigation 3 Suicide 6 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of examiner: On the best of examiner:									a) and manner as stated.
BE CC	296. SIGNATURE AND TITLE OF CERTIFIER				290	LICENSE NU	MBER	29d. D	ATE SIGNED	(Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE ROBERT TOWN ON ONE MO	SE OF DEATH (ITE	M 27) (7)	s, Print)	\.\.\.\.\.	1 0	altimok	mΛ	-, ,	
		IR'S SIGNATURE	2/14	1705	VITA	D	q 117 mok	1710	_	
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BALTIMORE, MARYLAND 21215-0020	cate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
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- 3	4. SOCIAL SECURITY HUMBER	5. SEX	8. AGE (in yrs. les	t birthday)	F UNDER 1 YE	AR IF UNDE	R 24 HRS.	7. DATE OF	BIRTH /	8.	BIRTHPLA	CE (State or Foreign
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DIRECTOR	Anne Arundel	MEATO	400	neg	Ann	apo	IIS	MU		Ahne	2 Hr	rundel
EC	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT			10c. ÇITY,	TOWN OR L	OCATION					100	I, INSIDE CITY
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C	George Tenley							Wille		ournamey		
8	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING A	DDRESS (St	reet and Numb				n, State, Zip Co	ode)	
2	Gail Howell	(Niece)		3971	Linth	icum F	Road.	Glen	elg.	Marvla	ind	21737
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	4 Donation 5 Other (Specify)	noval from State	Metro	polit	an Cr	emator	су	675 199	1 A1	exandr	ia,	VA
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE #MOO	690		22. NAA	ropoli	tan	Funer	al Se	rvice	Inc	
	Khunud Kla	une Co	usen	^	Ale	xandri	ia. V	A (A	gent	For Ce	dar	Hill Ce
ERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CONSE	OUENCE OF):		NON						
RTIFI	that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):								
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Σ:								-			"	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PLACE OF	DEATH (Ch	eck only one)				
Sic	EXAMINER?	HOSPITAL:	ER/Outpatient		OTHER:	Home 5 🗆	Rasidenca	8 🗆 Other	Specify)			
BY PHYSICIAN:	27. MANNER OF BEATH 1	28e. DATE OF (Month, De	INJURY y, Year)	26b. TIME INJU	RY	c. INJURY AT WORK?	□ NO	28d. DESC	RIBE HOW I	NJURY OCCU	RED	
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TED	2 Accident Investigation 3 Suicide a Could not be detarmined	28e. PLACE OF building, o	tc. (Specify)	ome, farm, sti	eet, factory,	, office		City or	Town, State)	and Number or	norm nou	e Number,
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

yerson squadhucery

It. The law requires that the death certificate be executed within ** Jurs after death. Page 6 may be retained by the hospital or attending physician.

The law requires that the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should late Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

The m 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

It is law requires that the death certificate be executed within

TO THE HOSPITAL OR ATTENDED TO THE FUNEFAL DIRECTOR AND De filed within 72 hours aften year IMPORTANT: III IIImm

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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FOR 1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND	MENTAL HYGIEN	E	
1. DECEDENT'S NAME (First, Middle,	Lest)	A /		2 DATE OF DEATH	7-2-91	3. TIME 2: 05am
Kussell	SAMUEL F.	N	inger	MONTH D	91	10:25Pm
4. SOCIAL SECURITY NUMBER 279-09-7161	5. SEX 6. AGE	(In yrs. lest birthday) IF U	NDER 1 YEAR IF UNDER 24 HRS. THS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	Cou	(THPLACE (State or Foreign intry)
9a. FACILITY NAME (If not institution,	give street and number)	96.	CITY, TOWN OR LOCATION OF		0,1906 9c. COUNTY OF	
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10e. STATE 10b. Co			WN OR LOCATION	CDDING		10d, INSIDE CITY LIMITS?
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1941 Grafton	- P-1 3556 CH	IISWICK COU		5 20901	USA	WIAI COOKINII
11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 10	13. WAS DECENDENT OF HISP If yea, specify Cuben, Mexi 1 ☐ YES 2 ▼ NO Spe	can, Puerto Rican, etc.)	Sp	CE — American Indian, ack, White, etc.
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12 17. FATHER'S NAME (First, Middle, Let	st)	Vice Pre	· · ·	Bank		
Frederick Ha				e Rhoads	/	
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADD	RESS (Street and Number or Run		n, State, Zip Code)	
Nancy Cottor			lsworth Ct.			759
20e. METHOD OF DISPOSITION	Removal from State	other place)	N (Name of cornetery, crematory of		CATION City or	
4 Donation 5 Other (Spioly) 21. SIGNAT *INERAL SERVI	-	Ridgehill	Memorial F		erst To	wnship,OH
- Mari	to		Ives-Pear 2847 Wilso			
shock, or hear tel immediate CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS		lailur Preus teolin	e nonis LBU	asp	Approximate interval Between Onset and Death
PART II. Other eignificant con	ditions contributing to death	but not resulting in th	e underlying cause given	in Part I. 24s, WAS AN PERFO	RMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC			26. PLACE OF DEATH	Check only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Qu		HER: Nursing Home 5 - Realdend	e 8 🗆 Other (Specify)		
27, MANNER OF DEATH 1 Natúral 5 Pending		28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCURED	
2 Accident Investig 3 Suicide 8 Could n 4 Homicide determine	ot be 28e, PLACE OF INJUF	IY — At home, farm, street		281. LOCATION (Street City or Town, State		ral Route Number,
onel —	PHYSICIAN: To the best of my kno AMINER: On the basis of examinat					oe(s) end menner es stated.
296. SIGNATURE AND TITLE OF CE	ATIFIER MACO	elare	29c. LICENSE N	36 2	29d. DATE SIGN	Month Day, Year)
10, PANE IND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF E	PEATH (ITEM 27) (Type, Print) M.D.	18/11/PRI	NCe PHIZ	IP DR	· OLNey Md
JUL 05 1991	32. REGISTRAR'S SIG	NATURE Randell				

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.
UTE TOWER UNKNOWN, After this contributes this begins of the signed of the statement of the

	1 - FOR STATE REGISTRAR	STATE OF MAR		PARTMEN TIFICAT			MENTA	REG. NO.	E	
	1. DECEDENT'S NAME (First, Middle, Lest) HELEN E		1	MITCHE	LL	(2. DATE MONT	OF DEATH DA	91	3. TIME OF DEATH 19:05 PM M
	4. SOCIAL SECURITY NUMBER 220-07-2833	1 □ M 2 🔯 F	AGE (In yrs. last birti	RS. MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	8/2	of BIRTH h, Day, Year) 24/02		Country) West Virgini
HOL	96. FACILITY NAME (If not institution, give str NORTH ARUNDEL HOSP)		CIATION			JRNIE	EATH			OUNTY
DIRECT	10a, STATE 10b, COUNTY	Arunde1	104	c. CITY, TOWN	on Locat					10d. INSIDE CITY LIMITS? 1 YES 2 NO
EHAL	100. STREET AND NUMBER 218 Beachwood Ro	oad			101	. ZIP CODE 2112	22		100	S.A.
BT FUN	11. MARITAL STATUS 1 Never Married 2 🔀 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EV FORCES? 1 8F YES, GIVE WAR	YES 2 NO	13.	If yes, sp	ENDENT OF HISPAN selfy Cuban, Mexica 2 🔯 NO Specifi	in, Puerto		or No— 14	4. RACE — American Indian, Black, White, etc. Specify: White
PLEIEU	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 10th		(Give id	ent's usual of more done NOT use retired.)	during mo	PN st of working	16t	. KINO OF BUS	INESS/INDUS	STRY
5	17. FATHER'S NAME (First, Middle, Last) Charles	Mar	tin			16. MOTHER'S NA		Middle, Malden		
200	19a, INFORMANT'S NAME (Type/Print)		19b, MA			nd Number or Rural	Route Num	ber, City or Town	n, State, Zip C	
	Mr. Raymond Mitch	nell	20b. PLACE AND			od Road	Pasa	_		1122 ty or Town, Stata
	1 ScBurlet 2 Cremation 3 Ramo 4 Donation 8 Other (Specify)		of cemetary, crer	awn Cen	_{place)} 1eter	У	17/		odlaw	
	21. SIGNATURE OF PUNERAL SERVICE LICE	Mae	nKi	- I	orin 3728	Liberty	Fune Road	Rand	allst	rs, Inc. own, MD 21133
	23. PART I. Enter the diseases, or conshock, or heart feiture. Limber immediate Cause (Finel disease or condition resulting in death)	let only one ceuse	on each line.		r the mo	de of dying, auc	ch ae can	diac or reapi	ratory arres	Approximate Interval Between Onset and Death
20	Sequentially list conditions,	DUE TO (OR	AS A CONSEQUENT	OF):	C	MINU	20	MIA		
RIFICALION	if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	•	AS A CONSEQUEN		_					
	resulting in death) LAST	4								
MEDICAL	PART II. Other algolficant conditions	contributing to de	eth but not reeu	iting in the u	nderiyin	g ceuse given in	Part I.	24e. WAS AN PERFOR 1 TYES 2	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 (DMO
	25. WAS CASE REFERRED TO MEDICAL				04.0	ACE OF BEATH ON				
SICIAN	EXAMINER?	HOSPITAL:	NOutpetient 3 🗆 t	OTHE	R:	ACE OF DEATH (Cr				
ВТ РНТ	27. MANNER OF DEATH 1	26a. DATE OF INJ (Month, Day,		b. TIME OF INJURY M	WC	URY AT PRK? YES 2 NO	28d. DE	SCRIBE HOW I	NJURY OCCU	/RED
	3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF the building, etc.	IJURY — At home, (Specify)	farm, street, fa	ctory, offic			CATION (Street or Town, State)	and Number o	v Rural Route Number,
COMPLEIED	1									d. cause(a) and manner as stated.
O BE	296. SIGNATURE AND TITLE OF CENTRALE	_				10 2 7	MBER 3	8	29d. DATE	SIGNED (Month, Day, Year)
	JOHN SHAVERS, MD/5				INTH	ICUM, MA	RYLA	ND 210	90	
	31. DATE FILED (Month, Day, Year) JUL 05 1991	Jana David	SIGNATURE PANCED	2						

DHMH-18 Rev 1/89

FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, Last)						12	2. DATE O	F DEATH DAY	, ,	YEAR 3. TIM	E OF DEATH
	LOIS MILL							7_		9		JO A
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		MONTHS DAY		24 HRS. 7		Day, Year)		. BIRTHPLACE Country)	(State or Foreign
	214-14-1103	1 🗆 M 2 💢 F	69	YRS.	- 1111	X 239			<u> 30-2</u>	2/	LINKN	OWN
_	9e. FACILITY NAME (If not institution, give					WN OR LOCATIO				-	Y OF DEATH	
DIRECTOR		Rossville	<u> </u>		6600 R	10GE RO	, Ba	110,1	nd	<u> </u>	7LTI MOI	RE
2	100. STATE 10b. COUNT	ТҮ		10c. CITY	, TOWN OR LO	OCATION A					10d. (P	NSIDE CITO
뜸	MA				16	100	i)					YES 2 NO
AL	10e. STREET AND NUMBER	,		2 1	120	101. ZIP CODE	,			10g. CITIZE	N OF WHAT C	OUNTRY?
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FONEH	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AF	RMED	13. WAS	DECENDENT OF	F HISPANIC	ORIGIN?	(Specify Yee	or No—	4. RACE - Am Black, White	ericen Indien,
BY	1 Never Merried 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE V				YES 2 NO		PUBLIC IN	sair, etc.)		Specify:	Inv
											17	Luck
EIED	15. DECEDENT'S ED (Specify only highest grad	te completed)	(C	ECEDENT'S I Bive kind of w b. Do NOT use	USUAL OCCUP ork done during	PATION g most of working	9	16b, F	CIND OF BUS	INESS/INDUS	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5	')	1	112	me.	T	-				
COMPL	17. PATHEIDE MARKE (PMS Middle, Leet)	9		0	very	46 MOTH	ED'S NAME	E /Elent AA	ddle, Maiden S	Sumama)		
_	0/2/5/20	Day	ic			6	200	1 A	i O	6		0
20	19d. INFORMANT'S NAME_(Type/Print)	12000	<u> </u>	b. MAILING	ADDRESS (Str	set and Number	or Burni Box	uto Numbe	City or Town	State, Zip C	code)	1
2	LANG SEC	M.11.	ex.	54	96	13	1101	روسم	0/1	1	1.	06
	20g. METHOD OF DISPOSITION	1 11 11	20b. PLACE	OF DISPOS	ITION (Name o	of cemetery, crem-	atory or		20c. LOC	ATION - CH	or Town, Sta	nto a 1
	1 Burial 2 Cremation 3 Re 4 Donation 5 Dother (Specify)	moval from State	other p	1/1	618	Visc			131	Lol	1	me.
	21. SIGNATURE OF UNERAL SERVICEA	ICENSEE	• 11		22. NAM	E AND ADDRES	S OF FACIL	LITY	700	1	1 40	
	* GOW	1.	10		7	Ark !	2	11.	41	/	659	1 . A.
-	23. PART I. Enter the diseases, or	7/1	nee	-	12,		1700	Jen	-/-	M	N-6	Ronxu
	shock, owneart failure	list only one can	use on each lin	e	or enter the	mode of dyn	ng, auch	aa cardi	oc or respir	atory arres	- 1	Approximata Interval Between
	IMMEDIATE CAUSE Final disease or condition		Carro :	- Da-	1 00	rest.					- '	Onset and Deat
	reaulting in death)	e	(OR AS A CONSE			.007	•					
	_	C	/ A	double of	Ī						i	
CALION	Sequentielly liet conditions,	DUE TO	(DR AS A CONSE	DUENCE DE	ን:							
4	If any, leading to immediate cause. Enter UNDERLYING	. Dr	1.									
	CAUSE (Disease or Injury that Initiated eventa	DUE TO	(OR AS A CONSE	DUENCE DE	j:							
ERTIFI	reaulting in death) LAST	d										
ן כ	PART II. Other algorificant condition	one contributing to	death but not	regulting I	n the under	luina ceuse a	alven in D	art I	24a, WAS AN	ALITTOPEV	24h WERE	AUTOPSY FINDINGS
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Ž	25. WAS CASE REFERRED TO MEDICAL	_				6. PLACE DF DI	EATH (Chan	t act ac				
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2	1 YES 2 ND	1 Inputient 2		28b. TIM		Home 6 Re	¥		(Specify)	JURY OCCU	IRED	
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ED	4 Homicide 6 Could not b	• building	atc. (Specify)		,			City o	Town, State)			
	29e. CERTIFIER	7.	was received as			NS= = NS +=			Tar concern	-=>====		
COMPLET	(Chock only one) 1 CERTIFYING PHY ONE) 2 MEDICAL EXAMI											manner as stated
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BE	29b. SIGNATURE AND TITLE OF CERTIF	ER 407	ر موثنية	_			ENSE NUMB			29d. DATE	SIGNED (Month	n, Day, Year)
2	DO NAME AND ADORSO DE RECOUNT	UID COMPLETED ST		F14 670 ~	04-4		269				7/	^
_	30. NAME AND ADDRESS OF PERSON V	30 LOC	HRAVE	EM 27) FAIDS	VIS F	ALTIN	DORE	M	D21.	239	~	
	31. DATE FILED (Month, Day, Year)					•				,	_	
	JUL 05 1	001 Sui	AR'S SIGNATURE	-Hand	100							
		3 7 H /7		The second								

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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hospital	iched fo		65
the	e deta		t one
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TO THE HOLD BY ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or	TO THE HINERAL PRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u		IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF MONTH	DEATH	v	YEAR 3. 1	TIME OF DEATH
TIMOTHY WAYNE	MERRIL	L			JULY	ĵ	199		25 p.m
I. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D			Country)	CE (State or Foreign
215/29/2060	1 🔀 M 2 🗆 F	_1 YRS.	- Date	noons and		03 19	90	MARY	LAND
THE JOHNS HOPKINS			BALTIMO	RE CITY	EATH			MORE	
0a, STATE 10b. COUNT		10c. Cl	TY, TOWH OR LOCA						I. INSIDE CITY LIMITS?
MD ANN 100. STREET AND NUMBER	IE ARUNDEL			NIE			10- 017171	I L	YES 2 NO
3 STEVENS ROAD				21061			U.S		COOKINIT
1. MARITAL STATUS	12. WAS DECEDENT EV	ER IN U.S. ARMED		CENDENT OF HISPAN	NIC ORIGIN?	Specify Yea			American Indian.
	FORCES? 1 []	YES 2 XNO	If yes, sp	ecify Cuban, Maxica 3 2 X NO Specify	in, Puerto Rici			Consider	American Indian, hite, etc. WHITE
15. DECEDENT'S EDU (Specify only highest grade	completed)	16a. DECEDENT'S (Give kind of life. Do NOT	S USUAL OCCUPATI work done during me	ON ost of working	16b. KI	IND OF BUS	BINESS/INDU	STRY	
Elementary/Secondary (0-12) NONE	NONE	INFANT					N/A		
77. FATHER'S NAME (First, Middle, Last)	NONE	INFANI		18. MOTHER'S NA	ME (First, Mide	dle, Malden		_	
CARL WAYNE MERRIL	J. JR			ANDREA					
9a. INFORMANT'S NAME (Type/Print)	LI O IL	19b. MAILIN	G ADDRESS (Street	and Number or Rural				Code)	
ANDREA JO SOLEME	BRINO	1-22-300-9	E AS # 10						
On. METHOD OF DISPOSITION		20b. PLACE AND DA	TE OF DISPOSITION		DATE	20c. LO	CATION C	ity or Town,	Stata
X Burial 2 Cremation 3 Rem	noval from State	of cemetary, cremator GLEN HAVE		AL PARK	7/5	GLI	EN BUI	RNIE.	MD
11. SIGNATURE OF FUNERAL SERVICE L	CSHBEE		22. NAME A SINGI	ND ADDRESS OF FA LETON FUN		HOME			
2/1/ Kom	_								
23. PART I. Entar tha disaeses, or shock, or heart failure. IMMEDIATE CAUSE (Finel	List only Dna cause	on aach line.	not anter the me	COND AVE.					Approximate interval Batw Onset and D
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	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Le			ERTIF	ICAT	E OF		ГН	2. DATE (REG. NO.	_	3.	TIME OF OEATH
	Donald	Roy				IOE			67 17H	01 ^{pa}			07:39 A M
	4. SOCIAL SECURITY NUMBER 218-32-9416	5. SEX	6. AGE (In yrs. le		MONTHS	DAYS	IF UNDER	MIN.	Month,	Dey, Year) 19 28, 19	36 Co	Country)	Cticut
E C	90. FACILITY NAME (If not institution, given Franklin Square)					t town o		ON OF DEA			9c. COUNTY	of DEAT	
15	RESIDENCE OF DECEDENT			_									
DIRECTOR	VA ROC	kingham				Repu							d. INSIDE CITY LIMITS? YES 2 1 NO
RAL	100. STREET AND NUMBER Route 1 Box 10	017				101	ZIP CODE 244				USA	OF WHA	T COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 V		13.	If yes, spe	ENDENT O	F HISPANIC n, Mexican,		(Specify Yee ican, etc.)			American Indian, hite, atc. White
ETED	15. OECEOENT'S E (Specify only highest gr Elementary/Secondary (0-12)		- 5	DECEOENT'S Give kind of fe. Do NOT u	Work done	during mo	N st of workin	פי	- 66		INESS/INDUS		5.7
COMPLET	12 years	3 year	1 D.	ogran	n Dir	ecto	r			Radio	Statio	on	
ő	17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NAM	E (First, M	iddle, Maiden	Sumame)		
111	Roy Noe						Mad	eline	GI	M de	agdale	n Gr	ab
TO BI	19e. INFORMANT'S NAME (Type/Print)		1	9b. MAILIN	ADDRES						, State, Zip Co		
F	Carol (Kniebus	ch) Noe		Rout	e 1	Box	101	7 Pc	ort 1	Republ	ic, VA	1 24	1471
	20e. METHOD OF DISPOSITION 1 Suriel 2 Cremation 3 R 4 Donation 5 Other (Specify)	emoval from State	206. PLAC of cemetar East	te and oat y cremator lawn	or other Memo	position place) Drial	^{(Name} Gar	dens	7/!		risonk		
	21. SIGNATURE OF FUNERAL SERVICE	Valan			J	Tohns	on F	ss of fact unera Rave	al Ho		Balto.	, MI	21204
7	23. PART /. Enter the diseases, ahock, pr heart failu IMMEDIATE CAUSE (Final disease pr condition resulting in death)	ACUTE		dial	Infa	arct	de or dy	ing, auch	as card	lac or reapi	ratory arres	τ,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONS	EOUENCE (OF):								
SA SA	PART II. Other algorificant condi	tions contributing to	death but not	resulting	in tha u	nderiyin	g cause	givan in P	Part I.	24s. WAS AN PERFOR 1 YES 2	MED?	0	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
AN: MEDI	25, WAS CASE REFERRED TO MEDICA											1	YES 2 NO
SICI	EXAMINER?	HOSPITAL:			OTHE	R:		DEATH (Chec					
PHYS	1 VES 2 NO 27. MANNER OF DEATH 1 V Netural 6 Pending	1 Inpatient 2 2	INJURY	26b. TII		28c. IN.	URY AT	NO NO	_		NJURY OCCU	RED	
E	2 Accident Investigati 3 Suicide 6 Could not 4 Homicide determine	28e. PLACE Of building.	F INJURY — At I	home, farm,	street, fe				28f. LOCA City	ATION (Street or Town, Stete)	end Number or	Rural Rou	te Number,
COMPLE	TOTAL OTHY	HYSICIAN: To the best of	_										nd manner ee stated.
TO BE CON	296. SIGNATURE AND STITE OF CENT	Ment	e	N	10		29c. LIC	ENSE NUMI	BER		29d, DATE S	BIGNED (A	lonth, Day, Year)
-	Lance Fryden bo	org 9000 F	rankl/i	n Sq.	DR .	Bal	timo	re i¶). 2	1237			
1	31. DATE TO SEL MAN DOLL MONEY	42. REGISTRA	DIE CICHATURA										

.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - FOR STATE OF MARYL REGISTRAR	AND / DEPARTMI			MENTAL HYGIEN	_	10002
1. DECEDENT'S NAME (First, Middle, Lest)			11		AY YE	3. TIME OF DEATH
JOHN E. PARKS 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE	In yrs. last birthday)IF U	NOER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH		MIRTHPLACE (State or Foreign
	YRS. MONT	THS DAYS	HOURS MIN.	(Month, Day, Year)	1900	ountry)
9e. FACILITY NAME (If not institution, give street and number)		CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
EVERGREEN NUTSING HOM	9	BAL	TIMORE			
10e. STATE 10b. COUNTY	10c. CITY, TO	WN OR LOCAT	ON	A 6		10d. INSIDE CITY
Md BALTIMORE	7	IMON				1 TES 2 NO
100. STREET AND NUMBER AZ NORTHWOOD DRIVE		101.	21093		USA	OF WHAT COUNTRY?
11. MARITAL STATUS 12. WAS DECEDENT EVER IF			ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye		RACE — American Indian, Black, White, etc.
1 Never Married 2 Merried FORCES? 1 YES IF YES, GIVE WAR OR DO		If yes, spe		n, Puerto Rican, etc.)		Specify:
15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUA (Give kind of work of	done durina mos	N st of working	16b. KIND OF BU		
Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use retir	red.)		SelfE	mploye	b
17. FATHER'S NAME (First, Middle, Last)	FARME		18. MOTHER'S NA	ME (First, Middle, Maider		
Wilbur PARKS			Lot	tie Fi	ShPAU	J
100. INFORMANT'S NAME (Typo/Print) FAMILY RECORDS	19b. MAILING ADD	RESS (Street a	nd Number or Rural I	Route Number, City or Tov	vn, State, Zip Cod	ie)
1 M Buriel 2 Cremellon 3 Removal from State	b. PLACE ANO DATE OF cemetary, crematory or of	ther place)		17/. 1.	OCATION — City	111
4 □ Donellon 8 □ Other (Specify) V 21. SIGNATURE OF FUNERAL SERVICE LICENSEE	lays Char				MOUIL	m, Ma.
Horat al Grand		EVAN	s York	Rd. Tim	CUITA	M4 21093
23. PART I. Enter the diseases, or complications that cause shock, or heart failure. List only one cause on a		nter the mo	de of dylng, suc	h ee cerdlec or resp	olratory srrest,	Approximate Interval Between
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	herosele	ooti	- Carc	liovas.	dise	Onset and Death
DUE TO OR AS	CONSEQUENCE OF):	1 V	75(.	dise	950	yrs
Sequentially list conditions, If any, leading to immediata ceuse. Enter UNDERLYING	CONSEQUENCE OF):		recul-	si di		Month
CAUSE (Disease or injury that initiated events resulting in death) LAST	CONSEQUENCE OF) (,		10,000
d						<u> </u>
PART II. Other significent conditions contributing to deeth b	out not resulting in th	e underlying	cause given in	Part I. 24a. WAS AI PERFO	N AUTOPSY RMED?	24b, WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
				1 YES	2 ANO	COMPLETION OF CAUSE OF DEATH?
				-		1 TES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			ACE OF DEATH (Ch	eck only one)		
1 YES 2 NO 1 Inputiont 2 ER/Out	patient 3 DOA 4 2	-		5 Other (Specify)		
27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF INJURY	WO	URY AT RK? /ES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED
28e. PLACE OF INJURO	/ — Al home, ferm, street			284 LOCATION (Street	and Number or F	
5 Suicide 8 Could not be determined building, etc. (Spe	c/fy)	t, factory, offic		City or Town, State		Rural Route Number,
29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my know	clfy)		-	City or Town, State)	Rural Route Number,
determined determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINER: On the best of examinations.	city) viedge, death occurred at	the time, date	end place, end due	City or Town, State	enner as stated.	euse(a) and manner as stated.
4 Homicide determined building, etc. (Spe	city) viedge, death occurred at	the time, date	end place, end due	City or Town, State to the cause(a) and me time, data end place, a	enner as stated.	
4 Homicide determined building, etc. (Spe determined) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of examination	ofly) riedge, death occurred at en end/or investigation, in	the lime, date	end place, end due	City or Town, State to the cause(a) and me time, data end place, a	enner as stated.	ouse(a) and manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the funeral than the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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A COUNTY	Ē	單	ľ
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IN THE HUSPITAL IN	TO THE FUNERAL	within	IMPORTANT: If III
¥	표	filed	POR
₽	2	28	3

	FOR	STATE OF MAR	VIAND / DEPAR	TMENT OF H	IEAITH AND M	MENTAL HYGH	NE 91	18083
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	SIAIL OF MAI	CERTIF	ICATE OF	DEATH	REG. N	10.	3. TIME OF DEATH
	LEONARD		PINER	0		MONTH 2	9 ^{AY} 19 ^Y	
	4. SOCIAL SECURITY NUMBER	111	GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	Mt-at D- M-1			BIRTHPLACE (State or Foreign Country)
	263 59 9092	1 XM 2 - F	31 YRS.			Havanna, Cuba		
OB	9a. FACILITY NAME (If not institution, give s 9758 CAREY ROAD)				BERLIN	CESTER COUNTY		
PIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT		10c. CIT	Y, TOWN OR LOCAT	TION MTAN	10d. INSIDE CITY LIMITS?		
	FLORIDA 100. STREET AND NUMBER	DADE			, ZIP CODE	i.d.	10. 0171751	1 YES 2 NO
FUNERAL	4020 S.W. 12	4th Ave.			331	.75		U.S.A.
Į.	11. MARITAL STATUS 1 Naver Married 2 Married	12. WAS DECEDENT EV FORCES? 1 1	YES 2 NO	If yes, sp	CENDENT OF HISPANI ecity Cuban, Mexican	, Puerto Rican, etc.)	Yes or No — 14	. RACE — American Indian, Black, Whita, atc.
₽	3 Widowed 4 Divorced	1978-1	986	1 💢 YES	Cuban Specify:			Specify: Cuban
0	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUPATION WORK done during more retired.)	ON ost of working	16b. KIND OF	BUSINESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Mechar			Air	plane	
O.	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NAM	ME (First, Middle, Mail		
BE C	Leonardo Pine	ro			Miriam	Sanabri	а	
TO	19e. INFORMANT'S NAME (Type/Print) Leonardo Pinero	o (father)			and Number or Rural R 124th Ave			
	20a. METHOD OF DISPOSITION 1 Scill Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	noval from State	other place) Miami Me				iami, F	
	21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE	21,200,000	22, NAME A	ND ADDRESS OF FAC	CILITY	-	_
	I muid.	2. Na	ulas		apitol Fu alls Chur		rvice	
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. HU LA	on each lina.	surv		n as cardiac or re	apiratory arrea	t, Approximata interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	c	AS A CONSEQUENCE O	F):				
RTII	that initiated events resulting in dasth) LAST			P·				
- 1		d		F):				
	PART ti. Other aignificant conditio	d			g cause given in	Part I. 24a. WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
N. MEDICA	PART ti. Other aignificant condition	d			ig cause given in	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 \(\subseteq \) NO
ICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	dna contributing to dea	ith but not resulting	in the undarlyin	g cause given in	PER	FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IYSICIAN: MEDICA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 1 Yes 2 □ NO	d	th but not resulting	in the undariyin 26. P OTHER: 4 □ Nursing Hor	LACE OF DEATH (Che	peck only one) 6 Other (Specify)	FORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TYPES 2 NO 27. MANNER OF DEATH 1 Manual 5 Pending	d	/Outpetient 3 (XDOA	26. P OTHER: 4 Nursing Hor	LACE OF DEATH (Che 5 Residence JURY AT ORK?	PER Description Per De	W INJURY OCCU	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO
B≼	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 TO YES 2 \(\text{\subset}\) NO 27. MANNER OF DEATH	HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJI (Month, Dey, Y 6-29-2 28a. PLACE OF IN	/Outpetient 3 XDOA URY 28b. Till IN 12: JURY — At home, farm,	28. P OTHER: 4 Nursing Hor IE OF 28c. IN. 19 1 28c. IN. 19 1 28c. IN. www.	LACE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO	PER CONTROL OF THE PER CONTROL O	W INJURY OCCUI PLANE /	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
B≼	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	HOSPITAL: 1 Inpettent 2 ER 28a. DATE OF INJ (Month, Day, Y 6-29-C 28e. PLACE OF IN building, atc.	/Outpatient 3 XDOA URY 28b. Tilk ber 12. JURY — At home, farm, (Specify) CORNF1	26. P OTHER: 4 Nursing Horistory BLOF 28c. IN. WW. 19 ^M 1 X street, factory, offic. ELD	LACE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO ca	PER DECK ONLY ONE) 6 Other (Specify) 28d. DESCRIBE HO PILOT IN 28f. LOCATION (Str. 9758) 7578 TWAR to the cause(s) and	W INJURY OCCUI PLANE / pet and Number or EY ROAD	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO RED PLANE IMPACT Rural Route Number, BERLIN, MD.
BE COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Metural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only 1 CERTIFYING PHYS	HOSPITAL: 1 Inpatient 2 ER 28a. DATE OF INJ (Month, Dey, Y 6-29-9 28a. PLACE OF IN building, atc.	/Outpatient 3 XDOA URY 28b. Tilk ber 12. JURY — At home, farm, (Specify) CORNF1	26. P OTHER: 4 Nursing Horistory BLOF 28c. IN. WW. 19 ^M 1 X street, factory, offic. ELD	LACE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO ca	PER CONTROL OF THE PER CONTROL O	W INJURY OCCUI PLANE / set and Number or EY ROAD manner as stated , and dua to the of	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? VES 2 NO RED PLANE IMPACT Rural Route Number, BERLIN, MD.
E COMPLETED BY	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be detarmined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMIN	HOSPITAL: 1 Inpettent 2 ER 28s. DATE OF INJ (Month, Dey, Y 6-29-9 28s. PLACE OF IN building, atc.	/Outpatient 3 (XDOA URY 29b. Tile Ber) 1 12: JURY — At home, farm, (Specify) CORNF1 knowledge, death occur nation and/or investigati	26. P OTHER: 4 Nursing Hor Nursing Hor 19 28c. IN W 1 X street, factory, offic ELD ed at the time, date on, in my opinion,	LACE OF DEATH (Che ne 5 Residence JURY AT ORK? YES 2 NO ca e and placa, and dua dasth occurad at the	PER DECK only one) 6 Other (Specify) 28d, Describe HO 28f. LOCATION (Str. 9758° CAR to the cause(s) and ilme, date and place aber 1. E.	W INJURY OCCUI PLANE / Pot and Number or EY ROAD manner as stated , and due to the o	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? NESS 2 NO RED PLANE IMPACT Rural Route Number, BERLIN, MD. Cause(s) and manner as stated. MIGNED (Month, Day, Year) 30-1991

197

ITEM: 23 per ME G-679 9/27/91 (ITEMS: 23 thru 2 G-677 7/22/91 C 91-3696-005 cm 28f

1 - STATE REGISTRAR	07/112 01 111	CE			F DEATH		REG. NO				
1. DECEOENT'S NAME (First, Middle, Last JAMES		ODD		PEREGO	Y	2. DATE O	07	AY	1991	3. TIME OF D	P
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	t birthday)	IF UNDER 1 YEA	IF UNDER 24 HRS.	7. DATE O	BIRTH		8. BIRTI	HPLACE (State of	-
UNKNOWN	1 ½ M 2 □ F	30	YRS.	MONTHS DAY	HOURS MIN.		Day, 16ar) -1961		Mar	yland	
90. FACILITY NAME (If not institution, given 1405 CLEARSTREAM		124.11		96. CITY, TOW Ess	OR LOCATION OF D	DEATH			LTIM		
RESIDENCE OF DECEDENT	TV		40- 017	Y, TOWN OR LO				-		to a mount	NTV
	imore Cou	nty		ssex	ATION					10d. INSIDE (LIMITS? 1 TYES 2	
10s. STREET AND NUMBER				11	101. ZIP CODE			10g. CI	TIZEN OF	WHAT COUNTR	177
1405 Clear Stre	am Rd.				21221			US	A		
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 XN		If yes,	ECENDENT OF HISP/ specify Cuban, Maxic ES 2 NO Spec	an, Puarto Ri		e or No—	14. RAC Blac Spec	E — American ik, White, etc. offy: White	
15. DECEDENT'S ED (Specify only highest gra		16a. DE	CEDENT'S	USUAL OCCUP	TION	16b, I	UND OF BL	JSINESS/II	NDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)) life.	Do NOT u	work done during se retired.)	most of working						
10th Grade		Inst	talle	er			ncast				
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S N	AME (First, Mi	ddie, Maidei	n Sumame,)		
Roland S. Perego	у					ara D					
19e. INFORMANT'S NAME (Type/Print)		100			et and Number or Rura						
Mr. Roland S. Pe	regoy	4			l Highway		-				2184
20a. METHOD OF DISPOSITION 1 ◯ Burlal 2 □ Cremetion 3 □ Re	moval from Stata	of cemetary.	cremator	E OF OISPOSITI					— City or T		
4 Donetion 5 Other (Specify)		Druid	Rid		tery 7-5-		Pik	cesvi	.11e,	MD	
I SIGNATURE OF FURERAL SERVICE	Inel)	h		Lori	ng Byers Liberty	Funer					1133
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO	(OR AS A CONSEC	OUENCE C	DF): DF):							
PART II. Other significant conditions	done contributing to	deeth but not r	resulting	in the underl	ring cause given i	n Part i.	24a, WAS A	N AUTOPS	Y 24	b. WERE AUTOP AVAILABLE PI	OT ROSE
						=	1 X YES	2 NO		OMPLETION OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?					PLACE OF OEATH (C	heck only one)				
1 XYES 2 NO	HOSPITAL:	ER/Outpatient 3	DOA	OTHER:	iome 5 K Residence	6 🗆 Other	(Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF (Month, Di	ay, Year)	266. THE	JURY	INJURY AT WORK?		RIBE HOW		OCCURED	_	
2 Accident Investigatio 3 Suicide 6 Could not t 4 Homicide determined	28e. PLACE O	F INJURY — At he etc. (Specify)		40AAYA		28f. LOCA City o	Town, Stat	t and Numi		Route Number,	
(Orlock Gray	/SICIAN: To the best of NER: On the besis of an					ua to the cau	e(a) and m	enner as i	stated.	M ROAD (a) and manner	as stated
296. SIGNATURE AND TITLE OF CERTIF	W MD				29c. LICENSE N	UMBER		29d. D	ATE SIGNE	0 (Month, Day,	
30. NAME AND ADDRESS OF PERSON DONALD GWRIGHT	MD DCM	SE OF DEATH (ITE	M 27) (Typ	e, Print) PENN	STREET BA	I.TTMOE	E MA	RYT.A	ND 21	1201	
31. DATE FILEO (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	1 14	TIMIN	TREET DA	LITTOI	TITLE	YAY TITY	6		
JUL 05 1991	in David	son-gande	22								

entificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION TO THE HOSPITAL OR TO THE FLUNERAL DIFFECT DE filed within 72 hours,

iours after death, Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21215-0020

ICIAN: The law requires that the death certificate be executed within 24 n OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

III. Pages 1, 2, 3 should

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mpletely f	state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	some 92 about a new latter to a state of the medical available of the sale of
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31. DATE FILED (Month, Day,

1991

											9	1 1	8	085
1 - STATE REGISTRAR		STATE OF I	MARYLA			TMENT (MENTAL HYGIEN REG. NO				
1. DECEDENT'S NAME (First				1						2. DATE OF OEATH	DAY	VEAD	3. TIA	IE OF OEATN
ALVI	H. PI	ETTIE, SR	2.								3	YEAR	/	7:20PM
4. SOCIAL SECURITY NUM	BER	5. SEX	5. AGE (In	yrs. last birt	hday)	IF UNDER 1 1	YEAR	IF UNDER	24 HRS.	7. DATE OF BIRTH	~			(State or Foreign
219-32-2161		1 ₂ M 2 □ F		55 Y	rRS.	MONTHS	DAYS	HOURS	MIN.	MARCH 12,	1936	Count		MORE
9a. FACILITY NAME (If not		street and number)				9b. CITY, T	IO MWO	LOCATIO	N OF O			UNTY OF D		HOKE
ST. AGNES RESIDENCE OF DE 100. STATE MARYLAND		ral				BAL	TIM	ORE						
10a. STATE	10b. COUNT	ry		10	Dc. CIT	Y, TOWN OR	LOCATI	ON					10d. I	NSIDE CITY
MARYLAND	B/	ALTIMORE				LANSD	OUN	F					- 1	IMITS? YES 2 X NO
		TELLIORE			_	LANDD		ZIP CODE			100 0	TIZEN OF		
170 ELT7		ATTENTITE					101.				- 4			OUNTAIN
170 ELIZA	ABEIH E						1		227			J.S.A		
100. STREET AND NUMBER 170 ELIZA 11. MARITAL STATUS 1 Never Married 2 2 3 Wildowed 4 Div		12, WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 NO)	lf y	res, spe	NDENT O	n, Maxic	NIC ORIGIN? (Specify Young on Puerto Rican, etc.) fy:	e or No	14. RAC Blac Spec	k, White	verican Indian, a, stc.
		1	_							1		1		WILLE
(Specify or	CEOENT'S EOI nly highest grad	le completed)		(Give ki	ind of	Work done du			g	16b. KINO OF BI	JSINESS/IN	IOUSTRY		
Elementary/Secondary		College (1-4 or 5	+)			se retired.)								
11TH GRAI				KOOF'	LNG	ENGI	NEE			ROOFIN			TOF	
17. FATHER'S NAME (First,	Carling Same							18. MOTH	IER'S N	AME (First, Middle, Maide	n Surname)			
EDWARD R	PETT	IE						RO	SE 1	M. BARLOW				
19a. INFORMANT'S NAME	(Type/Print)			19b. M/	AILING	ADDRESS (Street ar	d Number	or Rural	Route Number, City or To	wn, State, 2	Sip Code)		
BLANCHE E.	PETT	LE		170	0 E	LIZAB	ETH	AVE	NUE	, LANSDOWN	E, MI	0. 21	1227	
200 METHOD OF DISPOSE	TION		20b.	PLACE AND	D DAT	E OF DISPOS	SITION	(Name		DATE 20c. L	OCATION -	- City or T	own, St	ete
1 XSUMel 2 X Cremet 4 Bonetion 5 Other	r (Specify)	noval from State				ATORY				BA	LTIM	ORE		
21. SIGNATURE OF FUNER	AL SERVICE L	CENSEE						D ADDRES		ACILITY				
D Claus	1	Fishe	^							AL HOME IN				
	10 0.			The second second						AVENUE, BAL				21229
23. PART I, Enter the shock, or		complications the List only one ca			. Do	not antar ti	ha mod	da of dyl	ng, su	ch as cardiac or rea	piretory a	rrest,		Approximate interval Between
IMMEDIATE CAUSE (F	inal													Onset and Death
disease or condition resulting in death)	→	. 50	Dill	0									- !	
resulting in death)		OUE TO	OR AS A	CONSEQUE	NCE C	IF):							_	
Sequentially list cond if any, laeding to imm		DUE TO	O (OR AS A	CONSEQUE	NCE O	IF):								
cause. Enter UNDERL	YING													
Sequentially list cond if any, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	jury	DUE TO	O (OR AS A	CONSEQUE	NCE O	P):				-			1	
resulting in death) LA	ST	4											- !	
3		0.												
PART II. Other signific	cent condition	ons contributing t	o death bu	ut not reeu	uiting	in the und	erlying	cause	given li	n Part I. 24a. WAS A	N AUTOPS	7 24		AUTOPSY FINDINGS ABLE PRIOR TO
25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	nt E	phololox	CA	ma.	1	Che	m	5 Th	PK	P4 1 YES	0		COM	PLETION OF CAUSE
renal	fai	lure,	10	uco	2	enli	1.			//				YES 2 AND
phinni	100	cohol	24	0108	1		/							
25, WAS CASE REFERRED	TO MEDICAL	CONVE	g/x	130	_		28. PL	ACE OF D	EATN (C	Check only one)			_	
EXAMINER?		HOSPITAL:	□ 500 A			OTHER:	San Street							
27. MANNER OF DEATH		28e. DATE 0		_	8b. TII		ng Nom		sidence	8 Other (Specify) 28d. OESCRIBE NOW	/ BUILDING O	COLIBED		
	Pending		Day, Year)	- "		JURY	WO	RK?	7.00	28d. DESCRIBE NOV	MOUNT	CCURED		
2 Accident	Investigation							E\$ 2	NO					
0 Outoldo -	Could not be determined	28e. PLACE building	OF INJURY B, etc. (Speci	— At home,	, ferm,	street, factor	ry, office			281. LOCATION (Street City or Town, State		er or Rurel	Route f	lumber,
4 Homicide 20a. CERTIFIER (Check only one) 2 ME	outer mined			1										
29a. CERTIFIER CE	PUFYING PHY	SICIAN: To the best	of my knowl	ledge, death	occur	red at the tim	ne, date	and place	, and du	ue to the cause(s) and m	senner se s	tated.		
one) 2 ME										ne time, data and place,			(a) end	manner as stated.
	и обрания	en /		_				29c. LIC	ENSF M	UWBER	294 D	ATE SIGNS	D (Max	h, Day, Year)
Lill	Then	4	m					^	110	× 87	•	7/=	2 /	37
30. NAME AND ADDRESS	OF PERSON W	40 COMPLETED CA	USE OF DE	ATH (ITEM 2	7) /Tvn	e Print)		1/4	1/4	3-1		1/	//	

TO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Bindelle

Luka Savidson

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DEFINE THE INTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	A STAN IN After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	and the death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
п тнерноятть	THE LINERAL	o filed with	MPORTANT: If

,	FOR	OTATE OF 14	ADV AND	/ DED45	TAPAT	OF 111						9		180	186
	1 - STATE REGISTRAR	STATE OF M		CERTIF					MENI	AL HYG REG.		E			
11	1. DECEDENT'S NAME (First, Middle, Last)			JEHHH!	IOAIL	<u> </u>	DEAI	••	2. DA	TE OF DEAT				3. TIME	OF DEATH
- 17	PERCY EDWIN	PUMPHRE	v						JUL		O.		991		2106P M
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	last birthday)	IF UNDER 1	YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTI	н		_		itale or Foreign
	217 26 7520	1 X M 2 F	61	YRS.	MONTHS	DAYS	HOURS	MIN.	06	onth, Day, Ye.		930	Count	YLAN	
	217-26-4539 9s. FACILITY NAME (If not institution, give sti	reet and number)			9b. CITY, T	DWN OI	R LOCATIO	N OF DE		04	1		NTY OF D		עו
Œ															27
5	NORTH ARUNDEL HOS	PITAL			GLEN	N BU	RNIE			-		ANI	NE AI	KUNDI	<u> </u>
DIRECTOR	10a. STATE 10b. COUNTY			10c. CIT	Y, TOWN OR	LOCATI	ON							10d. INS	SIDE CITY
	MD ANNE	ARUNDEL		GLI	EN BUR	RNIE									8 2 X NO
AL	10e. STREET AND NUMBER	117 107 - 10. T		10.00		10f.	ZIP CODE					10g. CIT	IZEN OF	WHAT CO	JNTRY?
FUNERAL	517 PUMPHREY LANE					2	1061					Į	J.S.A	Α.	
5	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED						GIN? (Special o Rican, etc			14, RAC		ican Indian,
BYF	1 Never Married 2 Married 3 Wildowed 4 X Divorced	IF YES, GIVE W		MO			2 NO			o mean, et	c-)		Spec		1100
														WI	HITE
ED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a.	Give kind of	work done du			g	1	6b. KIND O	F BUS	SINESS/INI	DUSTRY		
<u>"</u>	Elementary/Secondary (0-12)	College (1-4 or 5+		Ille. Do NOT u											
COMPLET		NONE		BLOCK	LAYER	<u> </u>				CONS			ON		
8	17. FATHER'S NAME (First, Middle, Last)									t, Middle, Mi		Surname)			
BE	PERCY C. PUMPHREY									VATER	_				
2	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING				or Rural	Floute No	imber, City o	or Town	n, State, Zi	p Code)		
	HAROLD N. PUMPHRE	Y			ME AS										
	20s. METHOD OF DISPOSITION 1 X Buriel 2 Cremetion 3 Remo	oval from State	of cemel	CE AND DAT	or other pla	cel			1			CATION —			
	4 Donation 5 Other (Specify)		GLEN	HAVE						5	GLI	EN BU	JRNII	E, MI	21061
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE					D ADDRES			HOM	E				
	LITTOU	ette								V. GL		BUR	NIE.	MD :	21061
	23. PART i. Enter the diseases, or o	omplications that	ceused the	death. Do										A	pproximate
	ahock, or heart failure.									. ,	-				terval Between
- 1	disease or condition resulting in death)	Gras	ch le	Acux	e M	416	ander	10	uso	enexa	on	,			
1	resulting in death)	DUE TO	OR AS A CON	ISEQUENCE O	F):			,	1	, , ,				_	
z		. /	4 per	terre	h										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO	OF AS A CON	SEQUENCE O	F):	1.			0						
3	cause. Enter UNDERLYING CAUSE (Disease or injury	- Ch	conic	065	m. Swe	Ture	· W	ins	de	seul	1				
E	that initiated events	DUE TO	(OR AS A CON	ISEOUENCE C	F):										
E	resulting in deeth) LAST	d													
_	PART il. Other aignificant condition	a contributing to	death but no	ot resulting	in the und	artvino	cause C	niven In	Part i	24a, W	AS AN	AUTOPSY	24	b. WERE A	UTOPSY FINDINGS
PHYSICIAN: MEDICAL										PE	ERFOR	RMED?		AWAILAB	LE PRIOR TO
	1									1 🗆 Y	'E\$ 2	□ NO	- 1	OF DEA	TH?
Σ														1 🗌 Y	ES 2 NO
AN	or was over percents to recolor													_	
<u> </u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	:	ACE OF D								
ΥS	1 YES 2 HO	1 Inpatient 2 1 28s. DATE OF			_			sidence	7	ther (Specify	_	IN HARRY O	~~unEn		
	1 Natural 5 Pending	(Month, D	ay, Yoar)	28b. TII	JURY M		RK?	I NO	200.	DEȘCRIBE I	HOW	INJUNY O	COMED		
B	2 Accident Investigation	OR - PLACE C	F INJURY — A	A Dama dam			/ES 2 [] NO	00/ /	COATION #	Da		0	Davida Mar	
	3 Suicide 8 Could not be 4 Homicide determined		etc. (Specify)	t nome, rarm,	street, factor	гу, опис	•			OCATION (S lity or Town,			er or Hunu	PIOURIU NUR	noer,
E															_
COMPLETED	(Critical Crity)	CIAN: To the best of													
Ö	2 MEDICAL EXAMINE	R: On the basis of s	xamination and	I/or investigati	on, in my op	inlon, d	eath occur	red at the	e time, c	lats and pla	ice, ar	nd due to	the cause	(a) and me	enner as stated.
BE C	29b. SIGNATURE AND TITLE OF CERTIFIE			1/11/	3/11	2	29c LICI	ENSE NU	MBER			29d. DA	TE SIGNE	9 (Month,	Day, Year)
8	DOYLE, KEVII	V J., M	D.RO	1040	-uy	/	1)	31	12	2		>7/	12/	91	

DNMN-18 Rev 1/89

2

203 Hospital
31. DATE FILED (Month, Doy, Year)
JUL 05 1991

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

dr, . #206, Glen Burnie,

132. REGISTRAR'S SIGNATURE

Life Davidson-Randam

21061

Md.,

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that a fleating on TO THE RUNERAL DIRECTOR. After this conflictate has been signed if the world in the within 72 hours after death with the State Outs. of Health and Macc. High IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or of

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI	MENT OF	HEALTH AND MI	ENTAL HYGIEN		51 100	0 1
1	1. DECEDENT'S NAME (First, Middle, Last)				1	2. DATE OF DEATH	AV	YEAR 3. TIME OF DEAT	
	Elizabeth F.	Robertson				//	1/91	7:30	a.mm.
	4. SOCIAL SECURITY NUMBER	0.5		F UNDER 1 YEAR DNTHS DAYS	IF UNDER 24 HRS. 7 HOURS MIN.	7. DATE OF BIFTH (Month, Day, Year)	- 1	8. BIRTHPLACE (State or Fo Country)	oreign
	214-24-5360 9e. FACILITY NAME (If not institution, give str		YRS.	L OUTY TOWN				MARYLAND ITY OF DEATH	
œ	Greater Baltimor	e Medical Ce	nter	Towsor	OR LOCATION OF DEAT	in .		timore	
DIRECTOR	RESIDENCE OF DECEDENT						1		
R	10e, STATE 10b, COUNTY		10c. CITY,	TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS?	
		IMORE			of, ZIP CODE			- 1 □ YES 🍇X	NO
FUNERAL	100. STREET AND NUMBER 4011 PINEDALE DR	TVE		12	21236		_	U.S.A.	
N N	11. MARITAL STATUS	12. WAS DECEDENT EVER IF	U.S. ARMED	13. WAS DE	CENDENT OF HISPANIC	ORIGIN? (Specify Ye	s or No-	14. RACE — American Indi	en,
	1 Never Merried 2 Merried	FORCES? 1 YES			pecify Cuban, Mexican, S 2000 Specify:	Puerto Rican, etc.)		Black, White, atc. Specify:	
В В	3X Widowed 4 Divorced			<u> </u>				WHITE	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	(Give kind of wo	k done during n		16b. KINO OF BU	ISINESS/IND	USTRY	
F.	Elementary/Secondery (0-12) NA	College (1-4 or 8+) NA	HOMEN			OW	N HOM	Œ	
MO	17. FATHER'S NAME (First, Middle, Last)	1122			18. MOTHER'S NAME	E (First, Middle, Malde	Sumeme)		
BE C	Р	ETER ROEDER			LOU:	ISE MEIL			
TO B	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural Roo				
۲	EVELYN HEARN (DA							RYLAND 2123	ь
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Remo	oval from State	other place)		emetery, cremetory or			City or Town, State LE . MARYLAND	,
	4 Donation 5 Other (Specify)	ENSEE	PAI	22. NAME	AND ADDRESS OF FACIL		1 LION	E, HARLIAND	
	11-1	///			CHIMUNEK :				
	23. PARTI. Enter the diseases, or c	omplications that cause	the death. Do no					ORE MD 212	
1	shock, or haert fallure. I				, , , , , , , , , , , , , , , , , , ,			Interval E Onset en	etween
1	IMMEDIATE CAUSE (Final disease or condition	Cardiogenio	shock (clinica	al)				
ı	resulting in death)	OUE TO (OR AS A	CONSEQUENCE OF)						
N	Sequentielly list conditions,	Myocardial							
ATI	if sny, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	CONSEQUENCE OF)						
FIC	CAUSE (Disease or injury that initiated evente	DUE TO (OR AS /	CONSEQUENCE OF)						
CERTIFICATION	resulting in death) LAST	d							
2	PART II. Other significant condition	s contributing to death t	out not resulting in	tha undariyi	ng cause given in P	art I. 24a, WAS A	N AUTOPSY	24b. WERE AUTOPSY F	
S					•	1 (X YES	RMED?	AVAILABLE PRIOR	
(ED						_		OF DEATH?	NO
ž								,,,,,	
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HQSPITAL:		26. OTHER:	PLACE OF DEATH (Chec	ck only one)			
YSI	1 TYES 2 X NO	1 Nipotient 2 - ER/Out	patient 3 DOA	□ Nursing Ho	me 5 - Residence 6				
BY PHYSICIAN: MEDICAL	27. MANNER OF DEATH 1 K Netural 5 Pending	(Month, Day, Year)	26b. TIME INJU	RY V	VURY AT VORK?	28d, OEŞCRIBE HOW	INJURY OC	CURED	
E I	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	/ — At home, ferm, st			261, LOCATION (Street	t end Number	or Rural Route Number,	
	4 Homicide 6 Could not be determined	building, atc. (Spe	clfy)			City or Town, Stat	9)		
COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of my know	rledge, death occurred	at the time, de	te end place, end due to	o the cause(s) end m	enner as stat	led.	
No	and .	R: On the besie of exemination	n end/or investigation	, in my opinion	death occured at the ti	ime, date and place,	end due to th	e cause(e) end manner ee	stated.
BE C	296. SIGNATURE AND TITUE OF CHRISTIES	9 1) 1	M)	29c. LICENSE NUME	BER		E SIGNEO (Month, Day, Year)
0	WA K	Jepun >		/	D38352			7/1/91	
	Beth R. Schwartz;				t. Baltimo	re MD 2	1204		
	31. DATE FILED (Month, Day, Year)	2 32. REGISTRAR'S SIGN	ATURE	30100	, Daronno		,		
	JUL 05 1991	Julia Davidson-A	andell						
	_ ,,,,,								

TO THE HOSPIAL OF ATTENDED PROCEDURES, P.O. BOX 68760,

TO THE HOSPIAL OF ATTENDED PROCEDURES THAT CHAIN THE GRANT PROCEDURES THAT CHAIN THE THAT PROCEDURES THAT CHAIN THAT PROCEDURES THAT CHAIN THAT PROCEDURES THAT PROCED

	FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL	HYGIENE REG. NO.
1, [DECEDENT'S NAME (First, Middle, Last)		2. DATE O	F OEATH

ALVAH KENNETH	RANDALL					JUNE 2. DATE OF OEATH	19	944	1:00 P
4. SOCIAL SECURITY NUMBER	5. SEX 1XXM 2 1 F	6. AGE (In yrs. la:	st birthday) YRS.	IF UNDER 1 YEAR		7. OATE OF BIRTH (Month, Day, Yea			LACE (State or Femiliar)
99. FACILITY NAME (If not institution, give ST a MARY'S		81	1110.	96. CITY, TOWN	OR LOCATION OF D		9c. COUN	TY OF OE	ashington, ATH RY'S
RESIDENCE OF DECEDENT 10a. STATE 10b. COUR	YTY		10c. CIT	ry, TOWN OR LOC	ATION			-	10d, INSIDE CITY
Maryland St M	Mary's		Med	chanicsv	ville				LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER					Of. ZIP CODE	-	10g. CITIZ	EN OF WI	HAT COUNTRY?
2330 Jarrell Dri					20659				States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	NT EVER IN U.S. AI I YES 2 [X] WAR OR DATES		If yes,		NIC ORIGIN? (Specify an, Puerto Rican, atc. f/y:		Specify	— American Indian, White, etc. :: ite
15. DECEDENT'S El (Specify only highest gra		16a, O	ECEDENT'S	S USUAL OCCUPATION WORK done during it	TION nost of working	16b. KIND OF	BUSINESS/INDL		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	e. Do NOT u	use retired.)		0.1	. C . D		
12 17. FATHER'S NAME (First, Middle, Last)		S	eli i	Employed			of To	urs	
Harry Raymond						ame (First, Middle, Me rine Jenk			
19a. INFORMANT'S NAME (Type/Print)		15	9b. MAILING	G ADDRESS (Stree		Route Number, City or		Code)	
Anna S. (Sanali	ltro) Rand					Mechanic			20659
20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Re		20b. PLACE	E AND DAT	E OF DISPOSITIO	ON (Name	DATE 200	LOCATION — C		
4 Donation 8 Other (Specify)			opoli	y or other place) itan Cre			lexand	ria,	VA
21. SIGNATURE OF FUNERAL SERVICE	\	100690 Cuse	\sim	Meti	and address of F copolitan candria,	Funeral			Agent for
disease or condition resulting in deeth)	s. Car	CULLINO (OR AS A CONSE	EOUENCE C	\$ [] DF):					Onset and Dea
	b. <u>Cav</u>	COMMUNICATION OF AS A CONSE	EOUENCE C	0F): ULL 0F):					Onset and Des
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the condition of the conditions	b. Car to DUE TO d. DUE To d. lions contributing to	O (OR AS A CONSE	EOUENCE C	OF): OF): In the underly		1 (YE	S AN AUTOPSY FORMED? S 2 NO		WERE AUTOPSY FINDING
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions of the condition	b. Car DUE TO C. DUE TO d. S Hustin HOSPITAL:	O (OR AS A CONSE	EOUENCE C	OF): OF): In the underly PLANC 26. OTHER:	PLACE OF DEATH (C	1 U YE	RFORMED?		COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO C. DUE TO d. HOSPITAL: 12-Tapatient 2 288. OATE O	O (OR AS A CONSE	EQUENCE C EQUENCE C FEBUITING TO DOA 28b. Till 28b. Till	OF): ULL OF): In the underly LAX OTHER: 4 Nursing H ME OF 28c. 1	PLACE OF DEATH (Come 8 ☐ Residence	1 (YE	REPORMED?		WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions of the condition	DUE TO C. DUE TO d. HOSPITAL: 1 Pripatient 2 28a. OATE O (Month,	O (OR AS A CONSE	EQUENCE C EQUENCE C FEBUITING TO DOA 28b. Till 28b. Till	OF): OF): In the underly PLANC OTHER: 4 Nursing H ME OF 28c. I	PLACE OF DEATH (Common 8 - Residence	theck only one)	REPORMED?		WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO DUE TO C. DUE TO d. HOSPITAL: 1 Pripatient 2 28a, OATE 0 (Month,	O (OR AS A CONSE	EQUENCE C EQUENCE C resulting Di 3 □ DOA 28b. Till	OF): OF): OF): OF): OF): OTHER: 4 Nursing H-ME OF JURY M 1	PLACE OF DEATH (Come 8 Residence NJURY AT WORK? YES 2 NO	theck only one)	REPORTED? SE 2 NO OW INJURY OCC	URED	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the condition	DUE TO C. DUE TO C. DUE TO d. HOSPITAL: 1 Pripatient 2 28a. OATE O (Month, on 28a. PLACE building	O (OR AS A CONSECULUM A DO (OR AS A CONSECULUM A DO (OR AS A CONSECULAR A CONSECULAR	EOUENCE C EOUENCE C resulting 3 □ DOA 28b. Till IN	OF): OF): In the underly PLANC OTHER: 4 Nursing H ME OF JURY M 1 1 etreet, factory, of	PLACE OF DEATH (Come 8 Residence NJURY AT WORK? YES 2 NO	PEF 1 YE 1 YE 1 YE 28d. OESCRIBE HI 28f. LOCATION (Str. City or Town, Str. City or Town,	OW INJURY OCC	or Rural Ru	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Dissess or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending Investigation investigation in the condition of the c	DUE TO C. DUE TO C. DUE TO C. DUE TO DU	O (OR AS A CONSECULUM A DO (OR AS A CONSECULUM A DO (OR AS A CONSECULAR A CONSECULAR	EOUENCE C EOUENCE C resulting 3 □ DOA 28b. Till IN	OF): OF): In the underly PLANC OTHER: 4 Nursing H ME OF JURY M 1 1 etreet, factory, of	PLACE OF DEATH (Come 8 Residence NJURY AT WORK? YES 2 NO	PEF 1 YE 1 YE 1 YE 1 YE 1 Other (Specify) 28d. OE\$CRIBE HI 28f. LOCATION (St City or Town, \$ 1 to the cause(a) and 1 time, data and place	OW INJURY OCC reet and Number tele) I manner as state e, and due to the	or Rural Ri	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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with year hours

DIVISION OF VITAL RECORDS, P.O. BOX 687	TO THE HOSPITH, OR ATTENDING PHYSICIAN, THE WORLINGS that the death certificate be execute	TO THE FLAKENAL CHRECTOR. Are the command was seen signed by the attending physician and co be seed within 72 hours after death with a "Steen each, of Health and Memai Hyglene prior to buria
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10. STREET AND NUMBER 10. STREET AND NUMBER 11. MARTITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARTITAL STATUS 11. NORTHER WAS DECEDENTS EDUCATION 12. WAS DECEDENTS OF HISPARIC ORIGIN? 11. NORTHER WAS DECEDENTS EDUCATION 12. WAS DECEDENTS OF HISPARIC ORIGIN? 13. WAS DECEDENTED OF HISPARIC ORIGIN? 14. DATE OF SUBLACTION 15. DECEDENTS DEUCATION 15. DECED	-	DUNTY OF DEATH
100. STREET AND NUMBER 100. S	-	10d. INSIDE CITY LIMITS? XX YES 2 \(\text{NO} \) NO
Sequentially list conditions, I service the diseases, or complication that caused the death. Dy not enter the mode of dying, such as cerdia shock, or heart feiture diseases or injury that intilated events resulting in death) LAST Due to (or as a consequence of): Sequentially list conditions, I service the disease or injury that intilated events resulting in death) LAST Due to (or as a consequence of): A		U. S. &
DOWN EARLEY 198. INFORMANT'S NAME (TyperFried) JAMES STEINER (SON) 298. METHOD OF DISPOSITION 1		14. RACE — American Indian, Black, White, etc. Specify WHITE
DOWN EARLEY 198. INFORMANT'S NAME (TyperFried) JAMES STEINER (SON) 298. METHOD OF DISPOSITION 1	D OF BUSINESS/I	INDUSTRY
198. INFORMANT'S NAME (PyperFirst) 198. MAILING ADDRESS (Street and Number or Pural Poule Number of Pural Pu	WN HOME	n)
20. PLACE AND DATE OF DISPOSITION (Name of DISPOSIT		Zip Code)
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SCHTMUNEK FUNERAL F 3331 BREHMS LANE, F 23. PART I. Entey the diseases, or symplications that caused the death. Do not enter the mode of dying, such as cerdia shock, or heart fellure List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONS	20c. LOCATION	MD. 21205 — City or Town, State MORE, MD.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQU	ALTIMORE	E, MD. 21213
PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Month, Day, Veer) 28. PLACE OF DEATH 28. PLACE OF DEATH (Check only one) 28. PLACE OF INJURY AT WORK? 1 Netural 5 Pending Investigation 28. PLACE OF INJURY AT WORK? 1 Netural 5 Pending Investigation 28. PLACE OF INJURY AT WORK?	gui	Interval Betwoen and D
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 22. Very Contributing to death but not resulting in the underlying cause given in Part I. 23. Very Contribution 1. 25. Was case referred to Medical EXAMINER? 1 Yes 2 No		
EXAMINER? 1 YES 2 No	n. WAS AN AUTOPS PERFORMED?	24b. WERE AUTOPSY FINE AMALABLE PRIOR TO COMPLETION OF CAI OF DEATH? 1 YES 2 NO
1 Netural 5 Pending (Month, Day, Year) INJURY WORK? 2 Accident Investigation 28s PLACE OF INJURY At home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, farm, street factory, office 28s PLACE OF INJURY AT home, street factory, office 28s	pecify)	
1 268 PLACE OF INJURY — At home, farm, street, factory, office 1 287 LOCAT	BE HOW INJURY	OCCURED
29e. CERTIFIER	ON (Street and Number, State)	nber or Rural Route Number,
(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data end place, end due to the cause one)		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D12975 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	29d. 0	DATE SIGNED (Month, Day, Year)

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

BILLY

JAMES

SMITH

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours
	12

	10e, STATE	10b. COUNT	TY		10c, CITY	TOWN OR LOC	ATION					10d. INSIDE CITY
DIRECTOR	MARYLAND					BALTIN	ORE					LIMITS?
- 15	10e. STREET AND NUMBER	R					of. ZIP COOE			10g. Cl	TIZEN OF	WHAT COUNTRY?
Ë	1420 MILL	RACE :	ROAD								U.S	.A.
BY FUNEHAL	11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Div		12. WAS OECEDER FORCES? IF YES, GIVE	NT EVER IN U.S. / IXT YES 2 MAR OR DATES	RMED NO	If yes, s	CENDENT OF I pecify Cuben, S 2 NO				14. RAC Blec Spec	E — American Indian, ck, White, atc. city:
EIED		CEDENT'S EDI			Give kind of w	USUAL OCCUPAT	ION nost of working		16b. KIND O	F BUSINESS/IN	NDUSTRY	
4	Elementary/Secondary (College (1-4 or 5	+)	le. Do NOT use	,						
COMPL	7TH GRA				D	ISABLEI	_	R'S NAME (First, Mickelin M	laiden Surname))	
2	JOHN GROV		TH				00001004		AUSTIN			
0	19a. INFORMANT'S NAME (T	19b. MAILING	ADDRESS (Street		- 22 '			Zip Code)	
2	BETTY BREW	WER_			1055	HILLCRO	FT RD.	, BRO	OWN SUI	MMIT,	N.C.	27214
	20e, METHOD OF DISPOSIT		noval from State			OF DISPOSITIO	N (Name		DATE 20	c. LOCATION -	- City or T	own, Stata
	4 Donation 5 Othe	er (Specify)		LAKE	IEW M	EMORIAL				GREENS	BORO.	N.C. 274
	21. SIGNATURE OF FUNER.	AL SERVICE L	ICENSEE		0		ANO ADDRESS					
1	- Sper	ere,	N.SI	ann	en	HUB	BARD FU WILKE	INERA	L HOME	INC.	MODE	MD 212
ATION	IMMEDIATE CAUSE (FI disease or condition resulting in death) Sequentially list condi if smy, leading to imm- cause. Enter UNDERLY	itions, sediate	a. Due to	O (OR AS A COME	nle	tione	H.	m	live	uze		interval Bets Onset and D
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

18090

3. TIME OF DEATH 4:30 P

91

1 991

2. DATE OF DEATH

BALTIMORE, MARYLAND 21203-3146

INVISION OF VITAL RECORDS, P.O. BOX 13146,

STATE OF	MARYLAND /	DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	0	F DEAT	H		REG. NO.

OECEDENT'S NAME (First, Middle, 1991) IRENE BL	IZABETH	Sent	7		2. DATE	OF OEATH	Y	YEAR	3. TIME OF DEATH
				AR IF UNDER 24 HRS.		2			2750
	1 D M 2 X F 7	(In yrs. lest birthday)	MONTHS DA	MS HOURS MIN.		OF BIRTH	_	Count	PLACE (State or Foreign Yland
215-14-8186 D a. FACILITY NAME (If not institution, give stre		9	Oh CITY TO	WN OR LOCATION OF E	T/	22//	9c, COUNT		
				timore	CATH		City		CAIR
Mercy Medical Cen	rer		Dai	CIMOLE			- C- C 2	•	
Da. STATE 10b. COUNTY		10e. CIT	Y, TOWN OR L	DCATION					10d. INSIDE CITY
Maryland City		Ba	ltimor	e					1 YES 2 □ NO
De. STREET AND NUMBER				101, ZIP CODE					WHAT COUNTRY?
6117 Marietta Av				21214			U.S	5.A.	
I. MARITAL STATUS Never Married 2 Married	12. WAS DECEOENT EVER I FORCES? 1 YES	IN U.S. ARMED		OECENDENT OF HISPA			or No-	14. RACI Black	E — American Indian, k, White, etc.
Widowed 4 Divorced	IF YES, GIVE WAR OR D			YES 2 NO Spec				Spec	""White
15. DECEOENT'S EDUC	ATION	16a. DECEDENT'S	USUAL OCCU	PATION	164	. KIND OF BUS	UNESS/INDI		
(Specify only highest grade of Elementary/Secondary (0-12)			work done durin	g most of working	1				
12	Complete (1-4 of 6 1)	Housew	ife			Home	9		
7. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	AME (First,	Middle, Malden	Surname)		
Henry Kraft				Mamie	Bobl	olitz			
Pa. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (St	reet and Number or Rura	Route Num	ber, City or Town	n, State, Zip	Code)	
Marie C. Sama		6117	Mariet	tta Avenue	Balt	timore	, MD.	23	1214
On. METHOD OF DISPOSITION	20	b. PLACE OF DISPOS	SITION (Name	of cemetery, cremetory or	7/5/	91 20c. LO	CATION — C	Ity or To	own, State
Burial 2 Cremation 3 Remo	vai from Suna	other place) Gardens c	of Fait	th Cemeter	У	Balt	timore	e, M	ID.
1. SIGNATURE OF FUNERAL SERVICE LICE	ENSEE		22 NAS	IE AND ADDRESS OF F	ACILITY T	nno?	Funo	3	Home, Inc
	10		AA. 11/38	IE AND ADDRESS OF F		Thher	r une.	ral	IDINE, THE
Martin J. 2. 23. PART I. Enter the diseases, or conducts, or heart failure. L. MMEDIATE CAUSE (Fine) Seesse or condition esulting in death)	omplications that cause lat only one cause on a	od the death. Do reach line.	71:	10 Belair mode of dying, su	Road ch ss cen	Balt:	imore	, MI	2 1206 Approximate Interval Betwood Onset and De
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IMPORTANT: If Item 28 is marked, or Item 23 shows any

	FOR	
_	STATE	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	* REGISTRAR					OF			1.00	G. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA	,	YEAR	3. TIME OF OEATH	
	Cleveland		Tar	ner					06	2.9		991	12:57 PM	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER 1		IF UNDER		7 DATE OF BU	RTH		6. BIRTI	IPLACE (State or Foreign	
	248-22-7590	1) M 2 \square F 85 YRS. MONTHS DAYS HOURS MIN. (Marrity 28) Services 1-14-190				1906		Count	" S.C.					
	9s. FACILITY NAME (If not institution, give street and number)				9b. CITY,	TOWN O	R LOCATI	ON OF DEAT	ГН		9c. COUNTY OF DEATH			
Œ					Baltimore				B-1+: Cit					
ĔΙ	2822 Boarman Avenue				Dair	. 11110	re				part	Baltimore City		
JE	10e. STATE 10b. COUNTY				Y, TOWN OF		ION						10d. INSIDE CITY V LIMITS?	
ā	Md				timore								1 TYES 2 - NO	
A	10e. STREET AND NUMBER						ZIP COD				10g. CIT		WHAT COUNTRY?	
E	2822 Boarman Aveni	ue					21215					US	А	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EVER IN U.S.	ARMED					ORIGIN? (Sp Puerto Rican		or No—	14. RACI	E — American Indian, k, Whits, stc.	
BYF	1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WA		7110			2 NO		Puerto ricen	with the same of t		Spec		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade			OECEDENT'S (Give kind of	vork done du	CUPATIO uring mos	N st of worki	ng	16b. KIN	OF BUS	INESS/IN	DUSTRY		
ا لا	Elementary/Secondary (0-12)	College (1-4 or 5+)		COOK	e retired.)									
Mg														
8	17. FATHER'S NAME (First, Middle, Lest) John W. Tanner								E (First, Middle	, Maiden	Surname)			
BE						Eva								
6	19s. INFORMANT'S NAME (Type/Print)					ADDRESS (Street and Number or Aural Aoute Number, City or Tow Boarman Avenue Baltimore, Md						p Code)		
	Gertrude Tanner								tillore,					
	20a/ METHOD OF DISPOSITION 1 Buriel 2 Cremation 3 Remo	CE OF DISPOSITION (Name of cometery, crematory or of Ridge Cemetery				20c. LOCATION — City or Town, Stats Baltimore, Md								
	4 Donstlon 5 Other (Specify)	22. NAME AND ADDRESS OF FACILITY						1111111	ore, I	'U				
	21, SIGNATURE OF FUNERAL SERVICE LIC		22. N	Ma Ma	rch F	/H Wes	t.							
	Hila March								Avenue	2				
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	resulting in death)		or as a con		Cardiovascular Disease									
		DOE 10 (OH AS A CON	SECUENCE O)F):					i				
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AT	If any, leading to immediate cause. Enter UNDERLYING													
Ĕ	CAUSE (Disease or Injury thet initiated events	DUE TO (OR AS A CON	SEOUENCE O	OF):									
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	DARK II Out I III I IIII I		PART II. Other significant conditions contributing to death but not result					In the underlying couse given in Pert I. 24e						
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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ermit. Pages 1, 2, 3 should

	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL HYGIEN	_	10033
	1. DECEOENT'S NAME (First, Middle, Lest) LAURENCE	EDWARD	ULS			06 30		1.11PM
	4. SOCIAL SECURITY NUMBER 160-18-2571 9a. FACILITY NAME (If not institution, oiye	1 ØM 2 □ F 7((In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 9b. CITY, TOWN		7. DATE OF BIRTH (Month Dec 10-19) ATH	0	BIRTHPLACE (State or Foreign Journty) ACTYLAND OF DEATH
CTOR	RESIDENCE OF DECEDENT	Francis Scott Key Medical Center Baltimore C						
DIRE	Maryland Balt			r, town or Loc Indalk	ATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 2608 Lynbrook Roc	ad			01. ZIP CODE 21222		10g. CITIZEN	OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	11. MARITAL STATUS 1 Never Married 2 Married 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1.4 VES 2 NO II I I VES CULVE MAR OR DATES			ECENDENT OF HISPAN apecify Cuban, Mexicar ES 2 NO Specify			RACE — American Indian, Black, Whita, etc. Specify: White
COMPLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 7th Ghade	JCATION e completed) College (1-4 or 5 +)	16a. OECEOENT'S (Give kind of Me. Do NOT u Truck U	work done during i se retired.)	TION nost of working	al Moto		
BE CON	17. FATHER'S NAME (First, Middle, Last) John Ulsch			There		wney		
10				ot and Number or Rural Route Number. City or Town, State, Zip Code) OOK Road, Baltimore, MD 21222				
	20a. METHOD OF DISPOSITION 2 Burlel 2 Cremetion 3 Ren 4 Donation 5 Other (Specify)	noval from State	b. PLACE AND DAT Competary cremator	or other place)	esus Cem.	7/5 B	ocation—chy altimor	or Town, Blate
100	21. SIGNATURE OF FUNERAL SERVICE U	CENSEE		Duda	-Ruck Fun	CILITY	of Dun	dalk. Inc.
	23. PABLE Enter the diseases, or ahock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one couse on a	each line.	not enter the n	node of dying, auci	h aa cardisc or resp	Diretory screet,	Approximate interval Between Onset and Desth
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TO BE	298. SIGNATURE AND TITLE OF CERTIFI	Hern	SEATU STEM OF G	a Chilata	29c, LICENSE NUI	18ER 744	29d. DATE SI	GNED (Mopth, Day, Wer)
-	30. NAME AND ADDRESS OF PERSON W	22. REGISTRAR'S SIG	4940 EM	1	rame 6	Baltimu	e MD	21224
	JUL 05 1991	ilia Davidson	-Randelle					DHMH-18 Rev 1/8

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BALTIMORE, MARYLAND	may be retained by the hosp	r, page 5 should be detache	st be notified at once.
BALTIMO	24 hours after death. Page 6 i	filled in by the funeral directo on, or removal.	he medical examiner mu-
DIVISION OF WITAL RECORDS, P.O. BOX 68745	TO THE HOSPITAL OR ATTENDING ACCOUNTS TO ME REQUIRED that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: Annuling and the property of the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with a fined within 72 hours after death with a fined within 12 hours.	IMPORTANT: If item 28 is marked, or than 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ON OF WITH RECORD	AFFECTAN: The law requires that the	the signed by the signed by the signed by the signed by the signed signed to the signed signed to the signed signed to the signed signe	med, or them 23 shows any in
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: A be filed within 72 hours after de-	IMPORTANT: If Item 28 Is man

	FOR 1 _ STATE	STATE OF MAR	YLAND / DEPAR1	MENT OF H	EALTH AND M	IENTAL HYGIEN	-/	8094	
	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OWARD		CATE OF		REG. NO	AY YEA	R 3. TIME OF DEATH	
		5. SEX 6. A	GE (In yrs. last birthday) 26 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-30-65	8. BI	RTHPLACE (State or Foreign bunity) MD	
OR	9s. FACILITY NAME (If not institution, give stre 1007 RUTLA				MORE, M	ХТН	9c. COUNTY O	F DEATH	
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY			TOWN OR LOCAL			•	10d. INSIDE CITY LIMITS? Y YES 2 NO	
VERAL	100. STREET AND NUMBER RUTLA		101. ZIP CODE 10g. CITIZEN OF WHAT CO. S. A.						
8	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	ER IN U.S. ARMED 'ES 2 🖾 NO IR DATES	2 NO If yes, specify Cuban, Maxica			B	ACE — American Indian, Hack, White, etc.		
COMPLETED	15. DECEDENT'S EQUCA (Specify only highest grade of Elementary/Secondary (0-12)	16a. DECEDENT'S U (Give kind of we life. Do NOT use Disal	ork done during mo retired.)		16b. KIND OF BU	SINESS/INDUSTR	Y		
TO BE COM	17. FATHER'S NAME (First, Middle, Lest) Roosevelt	Wood		7104	16. MOTHER'S NAM	IE (First, Middle, Melden		Moses	
	19a. INFORMANT'S NAME (Type/Print) Rev. Sallie M.		NG ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 7 Rutland Ave./Baltimore, Md, 21205						
	20a. METHOD OF DISPOSITION M XBurial 2 Cremation 3 Remov 4 Donation 6 Other (Specify)		of cemetary, crematory of Baltimon	ov or other place)			1 t imor		
	- Gladus	Wane)	WM.C.	MARCH	F.H. 110		NORTH AVE.	
	23. PART I. Enter the disesse, or conshock, or haart failure. LIMMEDIATE CAUSE (Finel disease or condition resulting in death)	lst only one cause of	en each lina. CNCCO AS A CONSEQUENCE OF			aa cardiec or resp	Iratory arrest,	Approximete interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ACT VI COR	AS A CONSEQUENCE OF	deficie	ncy sy	indrome		lyeav.	
-	PART II. Other significant conditions DISSEMMALE ACYCLONIC TESISTA	Mycobacter nr perinc	ium kansa	sii infe	g cause given in in the chon	t TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 MO	
PHYSICIAN: MEDICAL		HOSPITAL: 1 Inpetient 2 ER 28a. DATE OF INJ	Outpatient 3 DOA	OTHER: 4 Nursing Hor OF 28c. IN	LACE OF DEATH (Che	1200	INJURY OCCURE	D	
red BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a. PLACE OF IN building, etc.	JURY — At home, farm, a (Specify)		YES 2 NO	261. LOCATION (Street City or Town, State		ural Route Number,	
COMPLETED	anal —		knowledge, death occurre					use(a) and manner as stated.	
TO BE C	29L SIGNATURE AND TITLE OF CERTIFIER	D.MPH			29c. LICENSE NUM	198	D 7.	NED (Month, Day, Year)	
F	JOE! E. (rallant MI	SIGNATURE	echous Dise	ese. Bla loc.	John 1111, 600	s Hepkin N. Wolfe	St, Balto 21205	
	JUL 05 1991	Juina David	on-Aandell						

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	Eg.	ter	100	0
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fifted in	2	IMPORTANT If Item 28 is marked, or Item-23 shoes any injury, or other traumatic event, the me
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	FOR 1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF			GIENE NO.	91 18095		
1	1. DECEDENT'S NAME (First, Middle, Last)	LOTTIE H. WII				2. DATE OF DEA MONTH JULY 3	TH	3. TIME OF DEATH 1:40 PD		
Æ	4. SOCIAL SECURITY NUMBER 219-22-5613	1 □ M 2 😾 F 89	in yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, Y NOV . 8	и Га	BIRTHPLACE (State or Foreign Country) MARYLAND		
OR	90. FACILITY NAME (If not institution, give RIVERVIEW NURSIN				9b. CITY, TOWN OR LOCATION OF DEATH BALTIMORE			y of death I IMORE		
DIRECTOR	100. STATE 10b. COUNTY MARYLAND	BALTIMORE	10c. CIT	TY, TOWN OR LOC				10d. INSIDE CITY LIMITS? 1 □ YES 2/YNO		
FUNERAL (100. STREET AND NUMBER 3106 SOLLERS POI			BALTIMORE 101. ZIP CODE 21222			2.77	IN OF WHAT COUNTRY?		
B	11. MARITAL STATUS 1 Never Merried 2 Merried 3 WWidowed 4 Divorced	N U.S. ARMED 2XXNO ATES	If yes, s	CENDENT OF HISP pecify Cuben, Mexics S 2XXNO Spec	ANIC ORIGIN? (Spec can, Puerto Rican, e	Ify Yea or No- 1-	4. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12) NA	UCATION te completed) College (1-4 or 5+) NA		,		16b. KIND (OWN HOM			
BE CO	17. FATHER'S NAME (First, Middle, Lest) CLAYTON ROBB			A VOJTA	falden Surname)					
TO 8	190. INFORMANT'S NAME (Type/Print) FRANCES FISHER (3106	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) O6 SOLLERS PT. ROAD, BALTIMORE, MD. 21222						
	20e. METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Red 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	-4-11	MOST HO	LY REDE	emetery, cremetory of EMER CEME	ETERY		CATION — City or Town, State BALTIMORE, MD.		
	M. SIGNATURE OF PUNERAL/SERVICE L	Sugar		SCHIN		VERAL HOM		D. 21213		
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heert feilure impediate in the condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Heart DUE TO (OR AS A DUE TO (OR AS A DUE TO (OR AS A	Fail	Pull an: e Hea	node of dying, su		respiratory errei	Approximate Interval Between Onset and Death Guyakas		
MEDICAL	PART II. Other significant condition	one contributing to death b	out not resulting	In the underly	ng cause given l	P	AS AN AUTOPSY ERFORMED? YES 2 THO	24b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 AO	HOSPITAL: 1 Inputient 2 ER/Outs	petient 3 DOA	OTHER:	PLACE OF DEATH (Check only one)	fy)			
ву РНУ	27. MANNER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY V	NJURY AT VORK? YES 2 NO	28d. DESCRIBE	HOW INJURY OCCU	PRED		
	3 Suicide 8 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	' — At home, farm, c/fy)	street, factory, of	lce	281. LOCATION (City or Town		r Rural Route Number,		
COMPLETED	one) 2 MEDICAL EXAMIN							d. couse(e) and manner as stated.		
TO BE	Advacus	b. Van	lino	ned	29c. LICENSE N	UMBER	29d. DATE	SIGNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PERSON W Hadonación B	PAULINC	120	Sus te	r Preise	Amil	Ponso	n 21204		
	JUL 05 1991	Gulia Dalla distriction	DINANCE							

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last) Eileen Winebrunner

DATE FILED (Morte), Day, Your, JUL 05 1991

1 -

	4. SOCIAL SECURITY NUMBER 220-18-7748		NGE (In yrs. last birthday	IF UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE O			
RECTOR	90. FACILITY NAME (If not institution, give		Center	96. CITY, TOWN	OR LOCATION OF DI	Nov.	27,1		
DIREC	10a. STATE 10b. COUN	BALTIMORE	10c. C	Butino					
FUNERAL	1314 (Henr	14 Glemmont		3. 6	ioi. zip code 2 2	39			
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 1 1 IF YES, GIVE WAR (YES 2 KNO	If yes,	ECENDENT OF NISPA specify Cuban, Maxico ES 2 XXNO Specif	in, Puerto Ri			
COMPLETED	15. DECEDENT'S Et (Specify only highest gra Elementary/Secondary (0-12) 12 Years		(Give kind o	S USUAL OCCUPATE Work done during in use retired.)			rtin		
	17. FATHER'S NAME (First, Middle, Last) Walter C. Tzins	ki			10. MOTHER'S NA	AME (First, Mi			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILII	IG ADDRESS (Stree	t and Number or Rural				
5	William T. Wine	brunner. Tr.	2074	R Bethe	I Pond F	inksh	11100		
	20a. METHOD OF DISPOSITION 1 X Burial 2 Cremation 3 Re		20b. PLACE AND DA	TE OF DISPOSITION OF other place)		DATE	20c. LC		
	4 □ Donation 5 □ Other (Specify) = 21. SIGNATURE OF TUNERAL SERVICE	LICENSEE	St. Star		AND ADDRESS OF FA	17/6	_ Dr		
	23. PART I. Enter the diseases, or heart fellow	r complications that ca e. List only one cause is	used the deeth. Do	8521	son Funer Loch Rav	en Bl	vd.		
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	· Sub	Tofa (genebra	Stintra	kutia	las		
CERTIFICATION	Sequentially list conditions, if arry, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST								
	PART II. Other significent conditi	dions contributing to dec	oth but not resultin	g in the underly	ing ceuse given in	Part I.	24a. WAS AI PERFO		
AN: MEDICAL							1 TYES		
	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C	heck only one)		
SIC	1 YES 2 NO	HOSPITAL:	/Outpatient 3 DOA	OTHER:	ome 5 🗆 Residence	6 ☐ Other	(Specify)		
PHY	27. MANNER OF DEATN	28a, DATE OF INJ (Month) Day (V		IME OF 28c. I	NJURY AT WORK? YES 2 NO		CRIBE NOW		
TED BY	1 Natural 5 Pending	0 -////		_					
COMPLETE	1 Natural 5 Pending Investigatio 3 Suicide 6 Could not 1 4 Nomicide determined	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)						
0	2 Accident Investigation 3 Suicide 6 Could not I determined 29e. CERTIFIER (Check only)	28e. PLACE OF IN building, etc.	(Specify) knowledge, death occ	n, street, factory, of	files	City o			

32 PREGISTRAR'S SIGNATURE GUNA DAY ASON MANDELL

		3.13			
STATE OF MARYL		MENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIEN	-	18096
runner	Eileen F.	Winebrunner	2. DATE OF DEATH MONTH 07	··· 02= 97	3. TIME OF DEATH 7.15 PM
□ M 2 X F 63	YRS.	FUNDER I YEAR IF UNDER 24 HRS. HTHS DAYS HOURS MIN.	Nov. 27	1927 Ma	RTNPLACE (State or Foreign ountry) Aryland
I Medial 6	uter "	Bettimore	MD	9c. COUNTY C	N/A
TIMORE	10c. CITY, 1	timore			10d. INSIDE CITY LIMITS?
Glenmont R	oad	101. ZIP CODE 2 2	39	10g. CITIZEN (DF WHAT COUNTRY?
2. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR DA	2 XX40	13. WAS DECENDENT OF NISP If yes, specify Cuban, Maxi 1 YES 2 NO Specify Cuban	can, Puerto Rican, etc.)		NACE — American Indian, Black, White, atc. Specify:
rion npleted) College (1-4 or 5+)	16e. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during most of working stired.)		Mariett	
			ia C. Skalj		
from State of	2074 R	Bethel Road F DISPOSITION (Name other place)	Finksburg. DATE 20c. L. 7/6 DI	wn, State, Zip Code	48 or Town, State
havel		Johnson Funer 8521 Loch Ray	cal Home	Balto.,	MD 21204
DUE TO (OR AS	sch line.	rebral tintra	uch se cerdiac or res		Approximate interval Between Onset and Death
DUE TO (OR AS A	CONSEQUENCE OF):				
contributing to deeth b	ut not resulting in	the underlying ceuse given		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
10SPITAL:	partient 3 DOA 4	26. PLACE OF DEATH (DTHER: Nursing Nome 5 Residence			
28e. DATE OF INJURY (Month) Day (Year) 7/1/9/ 28e. PLACE OF INJURY	26b. TIME (OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d, DESCRIBE NOW		
AN: To the best of my know	olly) ledge, death occurred	at the time, data and place, and d	City or Town, Stat	anner as stated.	

DHMH-16 Rev 1/89

29d. DATE SIGNED (Month

	1. DECEDENT'S NAME (First	t, Middle, Last			777		11e			2. DATE	OF DEATH). AY	YEAR		IME OF DEAT
	Terri	250	-	nn						5		0	91		1:37
	4. SOCIAL SECURITY NUM 189-60-716		5. SEX		27 YRS.		YEAR DAYS	IF UNDER	24 HRS. MIN.		OF BIRTH	1963	Co	untry)	E (State or Fo
	9a. FACILITY NAME (If not in				∠/ Ins.	96. CITY, T	TOWN O	RIOCATI	ON OF PE		ember	Ten con	_	nnsy F DEATH	ylvani
E							ever		ON OF DE	SAIT		P.		TUEATH	
DIRECTOR	RESIDENCE OF BE	CEGENT	General			1									
RE	10a. STATE	10b. COUN			10c. Cl	TY, TOWN OR	LOCATI	ION						10d	INSIDE CITY
	Maryland		nce George	es		Largo	_								YES 2
RAL	10e. STREET AND NUMBER				00		101.	ZIP CODE							COUNTRY?
FUNER	251 Harry	S. Tur	man Drive			100	10 0555		0772		M Marrie II		Y	700	ates
	1 Never Married 2	Married	FORCES?	NIEVER IN U.S 1 YES 2 WAR OR DATES	ZNO	lf y	yes, spe	city Cube	n, Mexica	n, Puerto	f? (Specify Ye Rican, etc.)	a or No—	В	lack, Wh	lmerican Indi ite, atc.
BY	3 Widowed 4 Div	orced	IP TES, GIVE	MAN UH DATES		110	_ YES	2 (XNO	Specify	<i>f</i> :			S	pecify:	Black
2		CEDENT'S ED		16a		S USUAL OCC			107	168	. KIND OF BU	SINESS/IN	DUSTR	Y	
E	Elementary/Secondary (College (1-4 or 5		Illa. Do NOT I	use retired.)			1						
COMPLET			years	Т	ele Ma	arketi	ng i					_	ears	5	
	17. FATHER'S NAME (First, A	COL. 1	Intho	A 7	1.00	C					Middle, Maider				
BE	Richard		Anthony	Al	llen,	Sr.			Barba		An			Moo	re
2	Barbara Ann		n (mother)		G ADDRESS () N.f.	2077 ryland
	20a. METHOD OF DISPOSIT		ii (mouner			arry S			111 D	- 1					
	1 Buriel 2 Cremeti 4 Donation 5 Othe	on 3 🗆 Re	moval from State	of ceme	etary, cremator	ry or other place.	ce)	1 D	arle	DAT	C1 :	nton	То-	PE	finsyl
	21. SIGNATURE OF FUNERA		LICENSEE	_ lore	CII Law	22. N/	AME AN	D ADDRE	SS OF FA	CILITY -	Latney	TILOIT	10	WHST	пр,
		- 0		4							Latney	'S F	une:	ral	Home
	IMMEDIATE CAUSE (FI	heart fallure	a. List only one ca	use on each	lina.	not antar ti	31 (Georg	gia A	Aven	le, N. W	.;Was	sh.	D.C.	2001 Approxim
CATION	ahock, or i IMMEDIATE CAUSE (Fi disease or condition resulting in death) Sequentially list cond if any, leading to imme cause. Enter UNDERLY	inal	a. MULT DUE TO	use on each	MSEQUENCE	not antar the	31 (Georg	gia A	Aven	le, N. W	.;Was	sh.	D.C.	2001 Approxim
CERTIFICATION	ahock, or i IMMEDIATE CAUSE (Fi disesse or condition resulting in death) Sequentielly list cond if any, leading to imme	inel	a. MULT DUE TO DUE TO C.	PLE O OR AS A COL	NSEQUENCE	not antar th	31 (Georg	gia A	Aven	le, N. W	.;Was	sh.	D.C.	2001 Approxim
: MEDICAL CERTIFICATION	shock, or in the state of the s	tions, ediata //ing	a. MULT DUE TO b. DUE TO c. DUE TO d.	O OR AS A COM	NSEOUENCE	not anter the state of the stat	31 (George de of dy	gia A	Avent	LE, N. W	N AUTOPSY	sh.	D.C.	Approximinterval E Onset an On
MEDICAL	ahock, or ill MMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentielly list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injusted interested in that initiated events resulting in death) LAST PART II. Other significations.	inal inal inal inal inal inal inal inal	a. MULT DUE TO b. DUE TO c. DUE TO d.	O OR AS A COM	NSEOUENCE	not anter the state of the stat	いた	George de of dy	gia /	Aveni h es car	24e. WAS ALPERFO	N AUTOPSY	sh.	D.C.	Approximinterval B Onset and Onset a
MEDICAL	ahock, or in a shock,	inal inal inal inal inal inal inal inal	a. MULT DUE TO b. DUE TO c. DUE TO d.	O OR AS A COM	Ilina. NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (NSEOUENCE (orp: orp:	WY	George de of dy	QS QS QS	Part I.	24a. WAS A PERFO	N AUTOPSY	sh.	D.C.	Approximinterval E Onset an Interval E Onset a
MEDICAL	ahock, or in the state of the s	inal inal inal inal inal inal inal inal	a. MULT DUE TO C. DUE TO d. One contributing to	O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O OR AS A COMO O O OR AS A COMO O O OR AS A COMO O O O O O O O O O O O O O O O O O	Ina. INSEQUENCE (OF): OF):	131 (ha mood W) 26. PL 19. Homeles: INJI	Georgia de of dy	QS QS QS	Part I.	24a. WAS A PERFO	N AUTOPSYRMED?	sh.]	24b. WEI	Approximinterval B Onset and Onset a
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91 18098

- STATE REGISTRAR		CERTIFIC			REG	. 1101	
. DECEDENT'S NAME (First, Middle, La: CATHERINE	GLADYS	7.5)AMS		2. DATE OF DEA MONTH UG	DAY	3. TIME OF DEATH
I. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRT		BIRTHPLACE (State or Fore)
7-14-4404	1 □ •ХХ: = 74		NTHS DAYS	HOURS MIN.	05-27-	1917	°MD
Da. FACILITY NAME (If not institution, give	· ·			OR LOCATION OF DE	ATH	9c. COUNT	Y OF DEATH
O.BOX 155-MCK		P	OTNI			ALLEGA	ANY COUNTY
IOe. STATE 10b. COU	NTY	10c. CITY, T	OWH OR LOCAT	TION			10d. INSIDE CITY
D Alleg	any	Cresa	ptown				1 TES N
P.O. BOX 155			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. ZIP CODE .502		10g. CITIZE USA	N OF WHAT COUNTRY?
1. MARITAL STATUS	12. WAS DECEDENT EVER	R IN U.S. ARMED		ENDENT OF HISPAN	IC ORIGIN? (Spec	-	I. RACE — American Indian
Never Married 2 Married Widowed 4 Divorced	FORCES? 1 YE	S 2XXNO	If yes, sp	ecify Cuban, Mexican NO Specify	, Puerto Rican, at	(c.)	t. RACE — American Indian, Black, White, atc.
15. DECEDENT'S E (Specify only highest gr	DUCATION ade comoleted)	16a. DECEDENT'S US			16b. KIND (F BUSINESS/INDUS	STRY
Elementary/Secondary (0-12)	College (1-4 or 5+)	homemake	etired.)	at or working	OWT	home	
17. FATHER'S NAME (First, Middle, Last)		1.0.10.1001		10 1107115010 1111			
Issac T. Lease				16. MOTHER'S NAI Susan V		wwiden Surname)	***
9a. INFORMANT'S NAME (Type/Print)		19b. MAILING AC	DRESS (Street a	and Number or Rumi F	oute Number, City	or Town, State, Zip C	ode)
Mrs. Joanne Mar	oles	2377 Per	nnsylva	nia Aven	ue Hage	rstown,	MD 21741
pe. METHOD OF DISPOSITION Burlal 2 Cremation 3 R	amoval from Stata	206. PLACE AND DATE OF	F DISPOSITION	(Name Park	DATE 2	oc. Location — cit amberlan	d MD
I ☐ Donation 5 ☐ Other (Specify) _		Duiset raik	JI IUI I	CLIL	06-24	gqibCI Iani	α, το
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)
JUN 1 1

'91

TO BE COMPLETED BY FUNERAL DIRECTO

STATE REGISTRAR		CE	RTIF						REG. NO.				
DECEDENT'S NAME (First, Middle, Last) LINDA Chr		-	417					MONT	-		YEAR		OF DEATH
SOCIAL SECURITY NUMBER	istine Ts.sex	Brance 6. AGE (In yrs. lest	-					6	6	199			:15 A.
	1 [1] M 2 XX F	25	YRS.	MONTHS	DAYS	HOURS	MIN,	(Mont	OF BIRTH		Countr	ry)	State or Foreign
665-25-3550 FACILITY NAME (If not institution, give		23		Oh CITY	TOWAL C	OR LOCATIO	W OF DE		16-19	9c, COUN			sland
RINCE GEORGES		HOCDIT	DAT					-AIN					
SIDENCE OF DECEDENT	COUNTI	HOSPI	IAL		LE.	VERL	Y			PRII	NCE	GE	ORGES
. STATE 10b. COUNT			10c. CITY	Y, TOWN O	R LOCAT	TION						10d. INS	SIDE CITY AITS?
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Never Merried 2€ Merried	FORCES?	YES 2 N	IO MED	H	yes, sp	ecify Cuber	, Mexica	n, Puerto		or No-			rican Indian, etc.
☐ Widowed 4 ☐ Divorced	IF TES, GIVE T	MAN ON DATES		'	☐ YES	2×1×NO	Specify	/:			Cauc	my: casi	an
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11		Phan	maci	st A	ssi	stant			& M D		DUTC	ors	
FATHER'S NAME (First, Middle, Last)						18. MOTH	IER'S NA	ME (First,	Middle, Maiden	Surneme)			
Edward Gerry									Damm				
. INFORMANT'S NAME (Type/Print)									ber, City or Tow				
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32. REGISTRAR'S SIGNATURE
July Jan Randale

BALTIMORE, MARYLAND 21215-002	ars after death. Page 6 may be retained by the hospital or attending phy	in by the funeral director, page 5 should be detached for use as the bu removal.
	24 hou	filled In
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending phy	L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but hours after death with the State Dept, of Health and Memtal Hygiene prior to burial, cremation, or removal.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	0.	
	1. DECEDENT'S NAME (First, Middle, Las				114	2. DATE OF DEATH MONTH	DAY YE	3. TIME OF DEATI
. n.k.	Vincent	Thomas]	Brazelle /	Sr.		6	7 91	
	4. SOCIAL SECURITY NUMBER 199-14-6991	5. SEX 6. AC		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-26-2		BIRTHPLACE (State or For Country) Pa.
3	9s. FACILITY NAME (If not institution, give	e street and number)		9b. CITY, TOWN	OR LOCATION OF DE	ATH	9c. COUNTY	
DIRECTOR	Bowie Health	Clinic		Bow	ie		Prin	ce George'
	Md. Pr	ince George'		pper Ma				10d. INSIDE CITY LIMITS? 1 YES XX
ERAL	100. STREET AND NUMBER 3517 Eyre Dri	ve,N.		,	of. ZIP CODE 20772			OF WHAT COUNTRY?
BY FUNER	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Divorced	12. WAS DECEDENT EVE FORCES? XX Y IF YES, GIVE WAR OF 1944-1944	ES 2 NO	If yes, s	CENDENT OF HISPAN pocify Cuban, Maxical S 2000 Specify	n, Puarto Rican, etc.)		RACE — American India Black, White, atc. Specify: White
8	15. DECEDENT'S EI (Specify only highest gra		16a. DECEDENT'S U	SUAL OCCUPAT		16b. KIND OF B	USINESS/INDUST	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Print	retired.)	iosi or working	G.1	P.O.	
Š	17. FATHER'S NAME (First, Middle, Last)					ME (First, Middle, Malde	on Sumeme)	
ш	Andrew Robert	Brazelle			Mary	Semanski		
10 B	19e. INFORMANT'S NAME (Type/Print)				and Number or Rural F	loute Number, City or R	own, State, Zip Co	cle)
F	Virginia Braze	elle			10a-10f.			
	20a. METHOD OF DISPOSITION 1.XX Surial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE	e Veter	ans Cemet	ery	ocation – chy Cheltenh	nam, Md.
	21. SIGNATURE OF FUNERAL SERVICE	Marco		6633	Old Alexaton, Md. 2	ander Fer	neral H ry Road	Home, Inc.
Z	disease or condition resulting in death)	S. HE CUTE DUE TO (OR A	AS A CONSEQUENCE OF		,1,]	~ FAACTI	ر ا	SMIN
RTIFICATION	Sequentisily list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	AS A CONSEQUENCE OF					
CE	PART ii. Other significent conditi	ione contribution to dist	h had and an adding to	A A A CONTRACTOR OF THE SECOND		Don't law was		
: MEDICAL CE	TAIN II. Olies asymmetric control	one contributing to deed	TO GOT THE THEORY II	in the underlyi	ng ceuse given in		AN AUTOPSY ORMED? 2 NO	24b, WERE AUTOPSY FI AWAILABLE PRIOR COMPLETION OF C OF DEATH? 1 YES 2 7
AN	25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (Ch	ack only one)		
SICI	EXAMINER?	HOSPITAL:		OTHER:		A. — LADSON THE ST.		-
1 42	27. MANNER OF DEATH	28e. DATE OF INJU (Month, Day, Ye	RY 28b. TIME	OF 28c. II	NJURY AT VORK?	284. DESCRIBE HOV	V INJURY OCCUR	RED
Y PHY	1 Netural 5 Pending			M 1	YES 2 NO			
TED BY PHY	1 Natural 5 Pending 2 Accident Investigatio 3 Suicide 8 Could not I 4 Homicide	28e. PLACE OF INJ building, etc.	URY — At home, ferm, et			281. LOCATION (Stree City or Town, Sta		Rural Route Number,
MPLETED BY PHY	2 Accident Investigatio 3 Suicide 8 Could not i determined 29e. CERTIFIER (Check only Inc.)	28e. PLACE OF INJ building, etc.	Specify) nowledge, death occurre	treet, factory, of	its and place, and due	City or Town, State to the cause(s) and n	nanner sa stated.	
BE COMPLETED BY PHY	2 Accident Investigatio 3 Suicide 8 Could not i determined 29e. CERTIFIER (Check only Inc.)	28e. PLACE OF INJ building, etc. (YSICIAN: To the best of my k INER: On the basis of examin	Specify) nowledge, death occurre	treet, factory, of	its and place, and due	City or Town, State to the cause(s) and n time, data and place,	nanner es stated, and due to the c	
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	74	1	FOR STATE OF MAIN STATE OF MAI		RTMENT OF H	EALTH AND MEI DEATH	NTAL HYGIENE REG. NO.	91	18101
			1. DECEDENT'S NAME (First, Middle, Last)				DATE OF DEATH	YEAR	3. TIME OF DEATH
			Oscar Leo 4. SOCIAL SECURITY NUMBER 5. SEX 6.	Ba AGE (In yrs. lest birthday)	Istain		une 22	1991	9:35 p. M
			216-12-4319 1⊠ M 2 □ F	7.5 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 0-26-19	Countr	vland
	Pour	~	9a. FACILITY NAME (If not institution, give street and number)		96. CITY, TOWN D	R LOCATION OF DEATH		9c. COUNTY OF D	
6		OT.	Physicians Memorial Hospita	a1	LaP1a	ta		Char	
(4	F	DIRECTOR	Maryland Charles		ty, town on Locat Nanjemos				10d. INSIDE CITY LIMITS? 1 YES 2 ND
,	T		10e. STREET AND NUMBER			ZIP CODE		10g. CITIZEN OF V	43.43
si.	ransit p	VERAL	Route 1 Box 132			20662		U.S	. A.
21203-3146 tal or attending physician	the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 X Merried 3 Wildowed 4 Divorced 12. WAS DECEDENT F FORCES? 1 I IF YES, GIVE WAR	YES 2 K NO	If yes, spe	ENDENT OF HISPANIC Cocity Cuban, Maxican, Po	ORIGIN? (Specify Yea uerto Rican, etc.)		E — American Indian, k, White, atc. White
203-	use as the	ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'	'S USUAL OCCUPATION If work done during mo	ON est of working	16b. KIND OF BUS	INESS/INDUSTRY	
212 pital or	ed for	PLE	Elementary/Secondary (0-12) College (1-4 or 5+)		nan/Farn		Self F	Employe	ď
AND 2 the hospital	detach once.	COMPL	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME	First, Middle, Malden	Surname)	4
_ >	ed at	BE	Edward Clarence Bastai		IO ADDRESS (Street o	Alice H	lazel Fi		
MARY retained to	5 should notified	2	Brittania L. Bastain			32, Nanje			62
RE, P	must be		20a. METHOD OF DISPOSITION 120 Burial 2 Cremation 3 Removal from State	20b. PLACE OF DISPO	OSITION (Name of cer	metery, cremetory or	20c. LO	CATION — City or To	own, State
LTIMOR	funeral director, xaminer mus		4 Donation 5 Other (Specify)	Nanjemoy		ST Cemete	ry Nan	ijemoy.	Maryland
ALTI death.	tuneral dir I. examiner	8	Michael O. Ko	morel		nd address of facili art Funer Lata, Mar			0567
s after to	by the		23. PART I. Enter the diseesea, or complications that cahock, or heart failure. List only one cause						Approximata interval Batween
ביי ויסטונ			IMMEDIATE CAUSE (Final disease or condition	12	11.		10000	1	Onaet and Death
5, within	completely fille ial, cremation, cevent, the		reaulting in death)	AS A CONSEQUENCE	OD:	More	X	\sim	0/
13146, precuted wi		N	Sequentially list conditions,	top	Jass	H Uni	nger	MAN	Horenth
BOX 1	sician and cardior to buria	CERTIFICATION	if any, leading to immediata cause. Enter UNDERLYING	OLV-CC	SHE	rosel	wein	2	Assested
. E	giene p	TIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	AS A CONSEQUENCE	70	0 0	11		1
P. Pettre	attendi mtal Hy	CER	resulting in death) EAST	unia	rzer	roll	ran		1,
DS,	by the atternal Mental y injury,	SAL	PART II. Other significant conditions contributing to de	ath but not resulting	g in the underlyin	g cause given in Pa	rt I. 244. MAS AN	AUTOPSV 24 MED?	MALABLE PROPERTO
CO direct the control of the control	been signed of the second seco	MEDIC					T T YES 2	W No	OF DIVITHE
A RECORE	Dept. of 23 sho	ž.							TO STATE OF THE ST
Z E	te hi	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO ROBERTAL:		OTHER:	LACE OF DEATH (Check	arta susantina salahi		
	the the	PHYS	27. MANNER OF DEATH Else, DATE OF IN (Month, Day)	FUDutpetient 3 DOA JUNY 386. Y	TIME OF 28c, 84	ne 5 □ Residence 6 : JURY AT 2 ORKT	ad. DESCRIBE HOW I	HJURY OCCURED	
		ВУБ	1 hatural 5 Pending Investigation		M t 🗆	YES 2 NO			
DIVISION DR ATTENDING	after d		3 Suicide s Could not be determined 29s. PLACE OF 1 building, str	NJURY — At home, farm L. (Specify)	n, street, factory, offic	2	H. LOCATION (Street of City or Reen, State)	and Number or Rivel	Route Numbec
DIV	TO THE FUNERAL DIRECT DIRECT PROPERTY IN ITEM PORTANT: If Item	COMPLETED	29a. CERTIFIER CONCLUSION CON			•			r(s) and manner as stated.
THE H	THE FU filed wit	BE C	29th SUSMATURE AND TITLE OF CERTIFIED	w	1	29c. LICENSE NUMBI	R	29d. DATE SIGNE	D (Morth, Day, You)
E	P 8 2	2	30. Name and address of Person who completed cause George H. Wathen, M.D. 10			D-20629	20621		7
			George H. Wathen, M.D. 10 31. DATE FILED (Month, Man) 32. DEGISTRAR;	S SIGNATURE	M. W.	aldorf, MI	. 20021		
			JUN 2 4 91 Julia Va	Mazon-Mailan					

91 18101

DHMH-16 Rev 1/89

TO BE COMPLETED BY FUNERAL DIRECTOR

91

- STATE REGISTRAR		CERTIF	ICATE O	F DEATH	REG. NO).	
1. OECEOENT'S NAME (First, Middle, Last) Aloysius	Effingham E.				2. DATE OF DEATH		3. TIME OF DEATH 8:30 Pm
4. SOCIAL SECURITY NUMBER 215-10-6345	5. SEX 8. AGE	(In yrs. last birthday) 5 yrs.	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, Year)	8. B	IRTHPLACE (State or Foreign ountry)
9a. FACILITY NAME (If not institution, give		-	9b. CITY, TOW	N OR LOCATION OF O	8-16-19 EATH	9c, COUNTY	aryland DF DEATH
Bon Secours Exte	nded Care Fa	cility	Ellic	ott City		Howa	rd
10a. STATE 10b. COUN	ward	100	ry, town on Loc licott				10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 3008 F AUTUMN			110000	10f. ZIP CODE 21043		10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED	If yes,			na or No 14. !	RACE — American Indian, Black, White, etc. Specify:
Widowed 4 □ Divorced 15. DECEDENT'S ED	WW I	16a, DECEDENT'S				W W	hite
(Specify only highest grace Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of life, Do NOT u	work done during ise retired.)	most of working	1000 to 1000 to 1000		. Store
17. FATHER'S NAME (First, Middle, Last)	4	IMETERIA	HUISH		AME (First, Middle, Maide		. Store
Harry Richard	Bowling				ret McPh		
19a. INFORMANT'S NAME (Type/Print) Thomas R. Bowl	ina. Sr.	19b. MAILING	ADDRESS (Street	et and Number or Rural	Route Number, City or To	wn, State, Zip Cook	ott City, MD
20. METHOD OF DISPOSITION	2	OD. I LAGE MITO DAI	F 01 DIOI 00111	Ott fraging	OATE 20c. L	OCATION — City	or Town, Stata
* Burial 2 Cremation 3 Rev	5	t. Mary			6-22 Br	yantow	n, MD
at significant and construction of the constru	Jaken 1.	M00857			ral Home	dorf	Md. 20604-0
IMMEDIATE CAUSE (Finel disease or condition resulting in daath) Sequentially list conditions,	a. CARD DUE TO (OR AS		n A	LEST.	on we cardiac of res		Approximate Interval Between Onset and Daath
If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	SAY	DAA6 A CONSEQUENCE C	ER	Syrbi	Lowe		
PART II. Other aignificant condition	ona contributing to death	but not resulting	in the underly	ying cause given in		PRMED?	24b. WERE AUTOPSY FINDINGS MAILLABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28 OTHER:	PLACE OF DEATH (C	heck only one)		
1 YES 2 NO 27. MANNER OF DEATH	1 Inpetient 2 ER/Ou 28a. DATE OF INJUR (Month, Day, Year	Y 28b. TII	4 Nursing F	iome 5 Residence INJURY AT WORK?	6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURE	ED
1 Natural 5 Pending 2 Accident investigation 3 Suicide 6 Could not b	28e. PLACE OF INJU	RY — Al home, farm,	M 1 [YES 2 NO	261. LOCATION (Stree		lural Route Number,
4 Homicide determined	building, etc. (S)	oedily)			City or Town, Stat	•)	
torion only	SICIAN: To the best of my known NER: On the basis of examinate						ruse(a) and manner as stated.
296. SIGNATURE WID TITLE OF CERTIF	IER			29¢ LICENSE NU	IMBER TV	29d. DATE SI	NED (Month Day, Year)
HARRY DEGR	WHO COMPLETED CAUSE OF	3460 7		M COM	ST DR	103	EC
31. DATE FILEO (Month, Day, Year) 2 4 91	32. REGISTRAR'S SH	gnature dson-Mandal	ie.				21043

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 13146, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Amounts after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permitter. In should within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremonal. IMPORTANT: If item 28 is marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DAY	Y	YEAR 3.	TIME OF DEATH
		CALVIN CI			EMEI	ER			JUNE	22.	1991		м
	4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest	"	IF UNDER 1	DAYE	HOURS	MIN.	7. DATE OF BI (Month, Day)	(Year)		Country)	ACE (State or Foreign
	217-36-4481		83	YRS.					APRIL	25,			IMORE, MD.
e B	CARROLL COUNTY GE	,	PITAL				INSTE	ON OF DEA	мн			TY OF DEAT	
ם	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY	,		10c CITY	TOWN O	B LOCA	TION					Τ«	od. INSIDE CITY
DIRECTOR	MARYLAND CAR	ROLL			YTO							16	LIMITS?
FUNERAL	10a. STREET AND NUMBER					100	f. ZIP COD	-			200		AT COUNTRY?
	5045 BOWERS ROAD					_	21787					S. A	
	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT I FORCES? 1	YES 2 N	MED O	Н	yes, sp	ecify Cubi	ın, Mexican	C ORIGIN? (Sp , Puarto Rican,		or No—	Black, V	- American Indian, Vhite, etc.
B∡	3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		1	☐ YES	2 X NO	Specify:				Specify:	WHITE
ETED	15. DECEDENT'S EDUC (Specify only highest grade		(Gh	EDENT'S	ork done d			ng	16b, KINI	D OF BUS	INESS/IND	JSTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		DO NOT US	retired.)				1	FARM	TNC		
COMPL	17. FATHER'S NAME (First, Middle, Lest)			MILIN			16. MOT	HER'S NAM	E (First, Middle				
BEC	A	UGUST BER	KEMEIER				COLS	HELE	EN SCH	LAGE	L		
2	19a, INFORMANT'S NAME (Type/Print) ETHEL BERKEMEIE	R							Oute Number, C				
	20a, METHOD OF DISPOSITION 1 ☐ Burlal 2 ☑ Cremation 3 ☐ Rem	oval from State	20b. PLACE C	OF DISPOS		_						ity or Town	, State
	4 Donation 5 Other (Specify)		SMITH	SBURG						SMI	THSBL	JRG. I	MD.
	21. SIGNATURE OF PUBERAL SERVICE LICE.	Shile	25					ALTIN	SK			RAL I	
	23. PANT I. Enter the diseases, Dr o	complications that	caused the dec	ath. Do n									Approximate
	ahock, or heart fallure. IMMEDIATE CAUSE (Finel disease or condition	LL Q C	on each line.										Interval Between Onset and Death
	resulting in desth)	DUE TO (O	OR AS A CONSEQ	UENCE OF):	-							
NO.	Sequentially list conditions, if any, leading to immediate	b	R AS A CONSEQ	UENCE OF):								
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	200										
CERTIFICATION	that initiated events resulting in death) LAST	DUE TO (D	PR AS A CONSEQ	UENCE OF):								
		d										.,	
첫	PART II. Other algnificant condition	a contributing to d	eath but not re	sulting l	n the un	derlyin	g cause	given in f	Part I. 24a.	PERFOR		A	ERE AUTOPSY FINDINGS WAILABLE PRIOR TO
MEDICAL									_ 10	YES 2	X) NO	0	OMPLETION OF CAUSE IF DEATH?
- 1									-			1	YES 2 ND
ĕ	25. WAS CASE REFERRED TO MEDICAL				_	26. P	LACE DF	DEATH (Che	ck only one)	_	-		
Sic	EXAMINER?	HOSPITAL: 1 ☐ Inpetient 2 💢 I	ER/Outpatient 3	□ DOA	OTHER		ne 5 🗆 A	esidence (B C Other (Spi	ecify)			
Y PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF IN (Month, Day)		28b. TIMI INJ	E OF URY M	W	JURY AT ORK? YES 2 [□ NO	28d. DEŞCRIE	BE HOW IP	NJURY OCC	URED	
ED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE DF building, et	INJURY — At hor c. (Specify)	me, form, s	treet, facto	ory, offic	De .		28f. LOCATION City or To	N (Street a wn, State)	and Number	or Rural Rou	ite Number,
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of m	y knowledge, de	nth occurre	d at the ti	me, date	e and place	e, and due t	to the cause(s)) and man	mer as state	ed.	
COM	One) 2 MEDICAL EXAMINE	R: On the basie of exa					death occu	ired at the t	lime, data and				nd manner as stated.
TO BE	29b. SIGNATURE AND TITLE OF CERTIFIE	luar	fori,	u	~)	290 110	O 4	\$26		29d. DATE	HIGNED (N	24-41
-	30. NAME AND ADDRESS OF PERSON WH Gregorio C. Mar	fori, M. D.	of DEATH (ITEM 49 Fre	deric	Print)	t Ta	neyt	own	Md 217	87			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE	02									
	JUN 24 '91	graha David	Dav-Marion										

Use select a colour and definitely in the colour at all 21787

)	(First, Middle, Last ESTHE		C	,	BEELE	D			2. DATE OF MONTH	DEATH DA		YEAR 91	3. TIME OF DEA	TH _
Н	4. SOCIAL SECURITY 216-10-6	NUMBER	5. SEX	8. AGE (In yr	s. last birthday)	IF UNDER 1	YEAR	IF UNDER 24	\rightarrow	7. DATE OF I (Month, De	BIRTH	9		HPLACE (State or Fi	-
	9a. FACILITY NAME (#		1 🗆 M 2 🔏 F	79	YRS.			LOCATION		9/13		B-100-7-11		Virgi	ni
HC H								re C		ii n		9c. COU	NTY OF I	DEATH	
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DIR	Maryland					Balti								1 YES 2	
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COMPLET	Ciamana y 300010		Conege (1-4 of 5	,	Soc	ial S	ecur	ity		F	ed. (Gove	rnme	nt	
BE CON	17. FATHER'S NAME (F	Alfred	l Ch'ilds							A. C					
TO B	19e. INFORMANT'S NA				19b. MAILING										
	Frances N	MOLTION		20h Pl	7312 1				rio	CATE				04 Town, State	_
Ы	1 Buriel 2 Cre 4 Donation 8	omation 3 🗆 Re Other (Specify)	amoval from State	of cem	etary, cremator	y or other pla	ace)					oodla			
	21. SIGNATURE OF FU	NERAL SERVICE	LICENSEE			22. N	AME AND	O ADDRESS		KE FU					
	Ha	rry 9	W. Will	· ch				IL . Y	TILL.	KE FU					
	23. PART I. Enter t shock, IMMEDIATE CAUSI disease or condition resulting in death)	or heart fallum E (Final on	e. List only one es	luse on aach	Ilna.	not anter	tha mod	de of dyln	g, such	as cardled	ike.]	E111c	rest,	Approxim Interval E Onset an	ale letw
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director, page 5 should be detached for use as the burial-transit per

	1 - STATE REGISTRAR	STATE OF MARYL		RTMENT OF I		MENTAL HYGIEN	_	10100		
CORPOR	1. DECEDENT'S NAME (First, Middle, Last)	FREU	101/5	IOAII Z OI		2. DATE OF DEATH MONTH DA	AY YE	3. TIME OF DEATH 1:15 a M		
	4. SOCIAL SECURITY NUMBER 216~09~3373A		in yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	6 17 7. DATE OF BIRTH (Month, Day, Year)	0.1	BIRTHPLACE (State or Foreign Country)		
Œ	Sa. FACILITY NAME (If not institution, give street and number)			9b. CITY, TOWN Ellic	on Location of De			Maryland UNTY OF DEATH		
57	4362 Columbia Road						Howa	ara		
FUNERAL DIRECTOR	100. STATE 100. COUNTY Maryland Howard			ry, town or local		- 0		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
AL	10s. STREET AND NUMBER			.10	1. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?		
EB	4362 Columbia Road				21042		U.	S.A.		
ВУ	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D		If you, s		NIC ORIGIN? (Specify Yes or No— an, Puerto Rican, etc.)		14. RACE — American Indien, Black, Whita, etc. Specify: White		
COMPLETED	15. DECEOENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u Teache	USUAL OCCUPATI work done during m ise retired.)	ON ost of working	Ho . Co .	Dept.o			
MC	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden	Surname)			
Ö	James Patrick Bev	ans				Ellan Lit				
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	G ADDRESS (Street		Route Number, City or Tow		cle)		
2	Evelyn Bevans		4362	Columbia	Rd., E	llicott Ci	ty.Md.	Md., 21042		
	20e. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Remo	val from State	o. PLACE OF DISPO	SITION (Name of co	TION (Name of complex), cremetory or erd Cemetery Ellicott City,			or Town, State		
	21. SIGNATURE OF FUNERAL SERVICE LICE		3.10	22. NAME A	y H. Wit	zke Funera	1 Home	21043		
		23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate								
	ahock, or heart failure. L		\ .		L	Interval Between Onset and Death				
	disease or condition a. Cachexia Secondary to wetastatic 1 yes DUE TO (OR AS A CONSEQUENCE OF):							1 year		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): c. OUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL	PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. Old ag							COMPLETION OF CAUSE OF DEATH?		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO NO NO NO NO NO NO									
	27. MANNER OF DEATH 1 S Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. Tr			THE (Specify) DESCRIBE HOW INJURY OCCURED				
0	City or City of City o					281. LOCATION (Street City or Town, State	TION (Street and Number or Rural Route Number, Town, State)			
COMPLET	one)	CIAN: To the best of my know						couse(e) end manner ee stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	1/>			29c. LICENSE NU	IMBER	29d. DATE S	IGNED (Morith, Day, Year)		
	30, NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	FATH /ITEM 27) /Jun	na Print)	•		•			

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

G.Y. APOSTOLIDES MD 20 CVOSS VOADS Dr.

31. DATE FILED (Month, Day), Year)

32. RESISTRAR'S SIGNATURE

THE STATE OF THE STATE OF

Owings Mills MD

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ATT	ECTO	28
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the formal by the funeral director, page 5 should be detached to bridge to brid	De Med Within (2 frouts after beath with the State Debt. Of regard and mental hygers prior to contact, to remova. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	1 - STATE REGISTRAR	TE OF MARYLAND /	DEPARTMENT OF ERTIFICATE OF		NTAL HYGIENI REG. NO.	E 9	1 1	0100	
	1. DECEMENT'S MAME (Elist, Middle, Lest)	-	BENNER	2	DATE OF OEATH	199 IE	3. T	ME OF DEATH	
	MILDRED	E.			06 16	1991	11	:21 A	
	000 10 - 0100	M 2×F 81	YRS. MONTHS DAYS	HOURS MIN.	DATE OF BIRTH (Month, Day, Year) 2 - 16-1		COUNTRY)	E (State or Foreign	
E I	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH								
15	RESIDENCE OF DECEDENT								
DIRECTOR	10e. STATE 10b. COUNTY		BALTIN	ORE				INSIDE CITY LIMITS? YES 2 NO	
FUNERAL	3709 HUDSON	57.	1	21224	4	10g. CITIZEN	OF WHAT	COUNTRY?	
5	F0	AS DECEDENT EVER IN U.S. AR PRCES? 1 TYPES 2	MED 13. WAS DO	CENDENT OF HISPANIC pecify Cuban, Mexican,	ORIGIN? (Specify Yes	or No- 14.	RACE - A Black, Wh	merican Indian, ita, etc.	
B≺		YES, GIVE WAR OR OATES		S 2 NO Specify:	Too House, story		Specify: H	ITE	
COMPLETED	15. OECEOENT'S EOUCATION (Specify only highest grade completed in the complete state of	ed) (G	CEDENT'S USUAL OCCUPA ive kind of work done during in Do NOT use retired.)		18b. KIND OF BUS			0 -	
MPL	8	He	USE KEEP	ER	JUNP		5-1	ETILED	
ш	17. FATHER'S NAME (First, Middle, Last) LORGE V	NGBLUT		18. MOTHER'S NAME	(First, Middle, Melden	Sumame)			
00	19a. INFORMANT'S NAME (Type/Print)		b. MAILING ADDRESS (Stree	and Number or Rural Rou	ite Number, City or Town	n, State, Zip Coo	te)		
2	DANIEL BENNE	RE	3042 HUE	SON ST	BAL	10.1	MO.	21224	
	20s. METHOD OF DISPOSITION 1 Disposition 3 Gramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION—City or Town, State Grant Donation 5 Gramoval from State Grant Donation 5 Grant								
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HOFFM RULY-SKANDA 3818 HUDSON ST								
Н	1	7/20/	1501	Frigue-	SMEDIT	0/40	10	030031	
	23. PART I. Enter the diseases of compile shock, or heert feiture. Liet or IMMEDIATE CAUSE (Final disease or condition resulting in death)	niy one ceuse on eech iine).				' 	Approximate interval Between Onset and Death	
_	disease or condition resulting in death) s. ATHORSCUSTATIC COMM WYDS CUSTON SOLUTION OF TO (OR AS A CONSEQUENCE OF):								
ERTIFICATION	Sequentially list conditions, If any, leading to immediate OUE TO (OR AS A CONSEQUENCE OF):								
2	CAUSE (Disease or Injury	DUE 70 (00 to 1 00)	OF AS A CONSEQUENCE OF						
RTIF	that initieted events resulting in death) LAST								
8								-	
PHYSICIAN: MEDICAL	PART ii. Other significent conditions contributing to death but not reaulting in the underlying cause given in Part I.					1 YES 2 NO OF		ERE AUTOPSY FINDINGS MILABLE PRIOR TO OMPLETION OF CAUSE	
ED								DEATH? YES 2 NO	
2									
NA I	25. WAS CASE REFERRED TO MEDICAL		28.	PLACE OF DEATH (Check	k only one)				
Sic		SPITAL: npetlent 2 - ER/Outpetlent 3	OTHER:	ome 5 Rasidence 6	Other (Specify)				
ЬΗΥ	27. MANNER OF CEATH 28a, DATE OF INJURY 28b, TIME OF 28c, INJURY AT 28d, DESCRIBE HOW INJURY OCCURED INJURY AT MAD BY 28c.								
ВУ	Neturel 5 Pending Accident Investigation M 1 YES 2 NO								
	3 Suicide 8 Could not be 4 Homicide detarmined	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOCATION (Street and Number or Rural Route Number, Charles Street)							
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, deeth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated.								
BE CC	2 ATURE AND TITLE OF CERTIFIE	11.		29c. LICENSE NUMBER OCME		29d. DATE S	GNED (Mo	nth, Day, Year)	
TO B	Mayne herre	my my				▶06-16-1991		91	
	MANAPACETTO A. LO	PLETED CAUSE OF DEATH (ITE		N STREET E	BALTIMORE	MARYL	AND 2	1201	

32. REGISTRAR'S SIGNATURE

7. DATE OF BIRTH (Month, Day, Year) 10-26-1915

3. TIME OF OEATH ~ 2: 45 M

BIRTHPLACE (State or Foreign Country)
 Maryland

Howard County

9c. COUNTY OF DEATH

4. SOCIAL SECURITY NUMBER

216-03-4237 15 2 0
9a. FACILITY NAME (If not institution, give street and number)

9913 Dellwood Avenue

IF UNDER 1 YEAR

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF OEATH

Columbia

IRVIN EDGAR BLUMENFELD

1-2M 2 - F

6. AGE (In yrs. lest birthday)

75

5. SEX

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	law requires that the death certificate be executed with
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DIREC	Maryland Ho	ward Count		olumbia	711				Od. INSIDE CITY LIMITS? YES 2 X NO
- 16	10e. STREET AND NUMBER	GOGIIO	<i>y</i>		ZIP CODE		10g. CITIZ		AT COUNTRY?
FUNERAL	9913 Dellwoo	d Avenue			21046			USA	
3	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMEO		NOENT OF HISPANIC	C ORIGIN? (Specify Ye	1		- American Indian,
à	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 X YI		2 NO If yes, specify Cuban,				4. RACE — American Indian, Black, White, stc. Specify: White	
	15. DECEDENT'S E (Specify only highest gri		(Give kind of	(Give kind of work done during most of working			16b. KIND OF BUSINESS/INDUSTRY		
COMPLET	Elementary/Secondary (0127)	College (1-4 or 8+)		Director/Sales		Oldelft Corp. Hospital Egip			
S I	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First,			st, Middle, Maiden Surname)		
BE		ph Blumenf	eld		Eleano	ora	S	Schmidt	
6	19a. INFORMANT'S NAME (Type/Print)	0.7.7				oute Number, City or Tow			01-1-6
	Arline D. Blu					ie, Colu			
	20e. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DATE CRESTIAN	re of disposition by or other place) WM Wemor	Name Cial Pk.	1 1	arri		ville,
1	21. SIGNAPORE OF FUNERAL SERVICE	LICENSEE		22. NAME AN	O ADDRESS OF FACI		- E	T	U a
1	1 themely	4-/11.0	M0053	5 1	777:00+4	t City.			Home
	23. PART . Enter the diseases, o	or complications that cau							Approximate
NOIL	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	ь	AS A CONSEQUENCE OF	6	of 18	ain			
ERTIFICATION	disease or condition resulting in death) Sequentially list conditions,	bDUE TO (OR A		OF):	of 48	Ain			
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b	AS A CONSEQUENCE (0F):					
CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE (0F):		Part I. 24e. WAS AF	RMED?	1 6	WAILABLE PRIOR TO
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE (0F):		Part I. 24e. WAS AF	RMED?	8	MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE (OF): If the underlying	cause given in P	Part I. 24a. WAS AF PERFO 1 YES	RMED?	8	MAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit	b	A CONSEQUENCE (OF): In the underlying 26. PL OTHER:	cause given in P	Part I. 24a. WAS AF PERFO 1 TYES	RMED?	8	VERE AUTOPSY FIND MALABLE PRIOR TO DOMPLETION OF CAL F DEATH? YES 2 ND
SICIAN: MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant condit	b. DUE TO (OR A c. OUE TO (OR A d	AS A CONSEQUENCE Of the but not requiting	OF): In the underlying 26. PL OTHER: 4 Nursing Horn 28c. INJI	ACE OF DEATH (Chece 5 Testidence 6	Part I. 24a. WAS AF PERFO 1 TYES	RMED? 2 ND	1	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condit	b. DUE TO (OR A c. OUE TO (OR A d	AS A CONSEQUENCE Of the but not requiting	OF): John the underlying 26. PL OTHER: 4 Nursing Home ME OF 28c. INJ. WO WO WO	Cause given in P ACE OF DEATH (Chec	Part I. 24e. WAS AP PERFO 1 YES	RMED? 2 ND	1	MAILABLE PRIOR TO COMPLETION OF CAL OF DEATH?
MEDICAL CERTIFI	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	AS A CONSEQUENCE (0F):		Part I. 24e. WAS AF	RMED?	8	MAILABI COMPLE OF DEAT

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STATE OF STA

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pate filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
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withi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burfal, cremation, or removal.
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Dr. Barrera

31. DATE FILEO (Month, Day, Year)
JUN 2 0 1991

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

	FOR	STATE OF MARYI	AND / DEPA	RTMFN	OF HEALTH AND	MENTAL	HYGIEN	91	18	3108
	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	OIME OF MATTE			OF DEATH		REG. NO.			
	ANNA T.					2. DATE OF MONTH	DA		EAR .	ME OF OEATH
	4. SOCIAL SECURITY NUMBER		(In yrs. lest birthda)	BEEN		7. DATE OF	BIRTH	1991		0:30A M
	212-12-8133	1 □ M 2 🌠 F	73 YRS.	MONTHS	MONTHS DAYS HOURS MIN.		Oct. 7, 1917		Country) Md	
TOR	sa. FACILITY NAME (If not institution, give s Memorial Hospital RESIDENCE OF DECEDENT		96. CITY, TOWN OR LOCATION OF GEATH Cumberland			9c. county of DEATH Allegany				
DIRECTOR	100. STATE Md Alleg			ry, town on Location naconing					INSIDE CITY UMITS? YES 2 NO	
FUNERAL	60 E. Main St.				101. ZIP CODE 21539			10g. CITIZE USA	N OF WHAT	COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 NO		WAS DECENDENT OF HISPA If yes, specify Cuban, Mexic 1 PES 2 NO Spec	en, Puerto Ric	(Specify Yes		White	
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementery/Secondary (0-12)	College (1-4 or 5+)	16a. DECEDENT (Give kind of life. Do NOT Homema	of work done use retired.)	CCUPATION during most of working		IND OF BUS	SINESS/INDUS	STRY	
BE COM	8 0 10 110 Helliare 1 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Edgar Likens Nettie Mae Elkins									
TO B	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mr. Harry Beeman 190. Main St., Lonaconing, Md. 21539									
	20e. METHOD OF DISPOSITION 1 Surial 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)		b. PLACE AND DA	ATE OF DISE	POSITION (Name	DATE -19-91	20c. LO	CATION CH		
	21. SIGNATURE OF FUNERAL SERVICE LIC		Jak Hill	22.	NAME AND ADDRESS OF F	ACILITY				21333
	▶ Jans E.	Mekenis	•	l F	Eichhorn-McK Lonaconing			ral Ho	me	
	23. PART f. Enter the diseesea, or ahock, or heart fellure.	complications that cause		o not ente				ratory erres	ıt,	Approximate interval Between
	iMMEDIATE CAUSE (Finel disesse or condition resulting in death)	a. Cerebova			evident					Onset and Death
TION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disesse or injury that initieted events resulting in death) LAST	c. DUE TO (OR AS	DUE TO (OR AS A CONSEQUENCE OF):							
MEDICAL CE	PART II. Other significent condition Antero-lat Dialetta	na contributing to deeth	contributing to deeth but not resulting in the underlying ceuse given in Part i.					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO		E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
ICI)	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	Type Inc. OTHER:								
PHYSICIAN:	27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	28c. INJURY AT WORK?	WORK?			REO			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	Investigation 28e. PLACE OF INJURY — At home, farm, streat, factory, office building, etc. (Specify) 281. LC					OCATION (Street and Number or Rural Route Number, ty or Town, State)			
COMPLET	and and	SICIAN: To the best of my known								menner as stated.
BE CC	296. SIGNATURE AND THE OF CERTIFIE				29c. LICENSE N		5		SIGNED (Mon	
2	30 NAME AND ADDRESS OF PERSON W	7		0		181	00	6	11/	-11

Memorial Hospital Medical Building, Cumberland, MD

3. TIME OF DEATH

4:30 A

BHITHPLACE (State or Foreign Country)
 WV

2. DATE OF OEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year) 9/14/1909

1991

JUNE 16.

IF UNDER 24 HRS. HOURS MIN.

HOURS

4. SOCIAL SECURITY NUMBER

236-20-9612

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5. SEX

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IF UNDER 1 YEAR MONTHS

DAYS

BOSLEY

6. AGE (In yrs. last birthday)

81

	9s. FACILITY NAME (#			_	9b. CITY, TOWN				
HOT:	Memorial RESIDENCE OF	-	1 & Medical	Center	Cumbe	rland		Alleg	gany
DIRECTOR	10a. STATE	Mine	eral		edmont	TION			10d. INSIDE CITY LIMITS? 1, YES 2
	10e. STREET AND NUM		CLUI	1 1 1		of, ZIP COOE		10g. CITIZE	N OF WHAT COUNTRY?
EB	30 W.	Hampsh:	ire St.			26750		US.	A
BY FUNERAL	11, MARITAL STATUS 1 Never Merried 3 Widowed 4	2 Merried	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	ES 2X NO	If yes, s		NIC ORIGIN? (Specify Yoin, Puerto Rican, etc.) y:		4. RACE — American Indi Bleck, White, etc. Specify: White
ETED	15. (Special Elementary/Second	OECEDENT'S EDU ly only highest grade	CATION completed) College (1-4 or 6+)		S USUAL OCCUPAT work done during muse retired.)		16b. KIND OF B	USINESS/INOUS	STRY
COMPLET	12	, (0.12)	55.16ga (1-4 6) 6+)	Cler	k		Groc	ery C	0.
ğΝ	17, FATHER'S NAME (FA	rst, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maide	n Surname)	
BE	Benjami		utler			Winni	e R. Smi	th	
2	19a. INFORMANT'S NA						Route Number, City or To		
-1	Carl D.						St. Pied	mont,	WV 26750
	20a. METHOD OF DISP	metion 3 🗆 Rem		of cemetary, cramator	ry or other place)	· ·			ty or Town, State
	4 Donation 6 0		CHISEE	PHILOS	Cemete	ND ADDRESS OF FA	5/18/91	west	ernport,
	× 1.1.11	1. 40	F. 11 1	, 14	Fred	dlock Fi	neral He	ome	2 26750
	23 PART I Enter t	he diseases Dr	complications that cause	sed the death. Do					
SATION	IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE	onditions,	DUE TO (OR A	SA CONSEQUENCE OF A CON	OFFI OFFI OFFI OFFI	750	SEPTI	16 00	Onset and
L CERTIFICATION	disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event recuiting in death)	onditions, mmediate RLYING Injury	c. DOE TO (OR A	S A CONSEQUENCE OF A CO	06): 011 14 / 06): 014 / 1 06):	TED,	PEPT) TAK	unt	C CM
MEDICAL	disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event recuiting in death)	onditions, mmediate RLYING Injury	b. DUE TO (OR A c. DOE TO (OR A d	S A CONSEQUENCE OF A CO	OF): OF): OF): OF): OF): OF): OF): OF):	TED,	PERT! 248. WAS A	W AUTOPSY DRMED?	CEN
MEDICAL	disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease Dithat initiated event resulting in death) PART II. Other sign	onditions, mediate RLYING Injury s LAST	c. DOE TO (OR A	S A CONSEQUENCE OF A CO	OF): OF): OF): OF): OF): OF): OF): OF):	TED,	PERT I. 24s. WAS A PERF	W AUTOPSY DRMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
MEDICAL	disease or condition resulting in death) Sequentielly list of if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign	onditions, mmediate RILYING Injury S LAST	c. DOE TO (OR A	S A CONSEQUENCE CO	OF): OF): OF): OF): OF): OF): OF): OF):	ng cause given in	PERT I. 24s. WAS A PERF	W AUTOPSY DRMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH?
PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentielly list of if any, leading to it cause. Enter UNDE CAUSE (Disease De that initiated event resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 VES 2 2 27. MANNER OF DEATH	onditions, mediate RLYING Injury S LAST Inficant condition	d. TO (OR A	S A CONSEQUENCE OF THE STATE OF	OF): OF): OF): OF): OF): OF): OF): OF):	ng cause given in	PERT I. 24a, WAS A PERFU 1 VES	IN AUTOPSY ORMED?	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign of the cause in the cause of the	onditions, mmediate RRLYING Injury BLAST	d. DE TO (OR A d. DE	SA CONSEQUENCE OF THE PROPERTY	OF): OF): OF): OF): OF): OTHER: 4 Nursing Ho ME OF NJURY M 1	PLACE OF DEATH (C) TIME 5 Residence LULY AT ORK? YES 2 NO	Pert I. 24a, WAS A PERFU 1 VES	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY F AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2
BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease Death in initiated event resulting in death) PART II. Other sign and in the sequence of	onditions, mmediate RRLYING Injury SLAST Inflicant conditions and the result of the re	d. DATE TO (OR A d. DATE TO (OR A d. DATE OF INJUR (Month, Day, Yes 26a. PLACE OF INJUR 26a. PLACE OF INJUR	SA CONSEQUENCE OF A CON	OF): OF): OF): OF): OF): OF): OF): OF):	PLACE OF DEATH (C) TIME 5 Residence AUURY AT ORK? YES 2 NO	Part I. 24a. WAS A PERFE 1 VES 1 VES 1 VES 2 VES	NA AUTOPSY DRIMED? 2 NO VINJURY OCCU	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED V Rural Route Number,
COMPLETED BY PHYSICIAN: MEDICAL	disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease Death in initiated event resulting in death) PART II. Other sign and in the sequence of	onditions, mediate RLYING Injury S LAST Inficant conditions in Injury S LAST Inficant condition in Injury S LAST Inficant condition Injury S LAST Inficant condition Injury S LAST Inficant condition Injury S LAST Inficant condition Injury S LAST Injury S	d. DE TO (OR A d. DE	SA CONSEQUENCE OF A CON	OF): OF): OF): OF): OF): OF): OF): OF):	PLACE OF DEATH (C) TIME 5 Residence AUURY AT ORK? YES 2 NO	Part I. 24s. WAS A PERFIL 1 YES 1 YES 26d. DESCRIBE HOW 28t. LOCATION (Street City or Rown, State to the cause(e) end me time, date and place,	N AUTOPSY ORMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO N	24b. WERE AUTOPSY F AMAILABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 URED V Rural Route Number,
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for the funeral director, page 5 should be detached for the funeral directors after death with the State hear of Health, and Marrial Harilene nitro haring comparing	IMPORTANT: It liem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)			ER 24 HRS.	7. DATE	OF BIRT	1	8. BIRT	HPLACE (State or Foreign
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8		LAE	BORER							
FATHER'S NAME (First, Middle, Last)	R BUCH	ZT DW						alden Sumam	-/	E UNKNOWN
CHRISTOPHEI INFORMANT'S NAME (Type/Print)	K BUCK		IC ADDRESS (Street and Numb			_			L OMMINOWN
ZETTA M. DA	AVIS BUCH			0X = 53					1554	5
METHOD OF DISPOSITION		20b. PLACE AND DA				DA		c. LOCATION	I — City or	Inwn State
Burial 2 Cremetion 3 Re Donation 6 Other (Specify)	amoval from State	of cemetary, cremato RESTLAV			2K 6					
SIGNATURE OF FUNERAL SERVICE	LICENSEE	REDIEM	22 N	AME AND ADDR	ESS OF FA	CILITY				
1/101.12	11/00	-().	H	ARVEY	H. 5	ZEI	${\sf GLEF}$? FIIN	ERAL	HOME
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Dr. Jesus Tan, M.D. 200 Clayton Avenue, Westernport, MD 21562

FULL 1991 Julia Paridon Fondese.

	1 • FOR STATE REGISTRAR	STATE OF N	IARYLAND /		MENT OF			MENTAL	HYGIEN REG. NO.	E .	31	18111
	1. DECEDENT'S NAME (First, Middle, Last)							2. DATE C	F DEATH		3	. TIME OF DEATH
	EDITH M.	BIBLE						MONTH	6-11-		YEAR	5:30 P. M
	4. SOCIAL SECURITY NUMBER	6. SEX	6. AGE (In yrs. les	t birthday)	F UNDER 1 YEAR	IF UNDER	24 HRS.	7. DATE O	F BIRTH		6. BIRTHPI	ACE (State or Foreign
	213-24-5240	1 🗆 M 2 💢	79		ONTHS DAYS	HOURS	MIN.		Day, Year)		Country)	
	9a. FACILITY NAME (If not institution, give st		19		b. CITY, TOWN	00 1 0047	ON 05 DE		-04-19		TY OF DEA	
œ			_					AITI			12 17	
0	Moran Manor Nur	sing Hom	e		Weste	ernpo:	rt			A_	llega	ny
ב	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	,		10c CITY	TOWN OR LOCA	TION					1.	od, INSIDE CITY
R				100.0111,	.omn on Loa	111011						LIMITS?
0	MD Alleg	any		Cum	perland							YES 2-NO
M	10e. STREET AND NUMBER				1	of. ZIP COD	E			10g. CITIZ	ZEN OF WH	AT COUNTRY?
FUNERAL DIRECTOR	315 Arch Street					21502	2			US	SA	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR	MED					(Specify Yes	or No-	14. RACE -	- American Indian, White, etc.
F	1 Never Married 2 Married	IF YES, GIVE W	YES 2 TU	X		pecify Cubi			cen, etc.)		Specify.	
ВУ	3 Widowed & Divorced					AA					W	hite
8	15. DECEDENT'S EDUC (Specify only highest grade	CATION	16a. DE	CEDENT'S US	SUAL OCCUPAT	ION	na	16b.	KIND OF BU	INESS/IND	USTRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	·) We	Do NOT use	rk done during n retired.)	NOSE OF WORK	19					
7	12			former	emplo	vee			Text	ile		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						HER'S NAI	ME (First, M	iddle, Maiden			
	William Williso	m				_		D 1				
BE	19a. INFORMANT'S NAME (Type/Print)	711	10	h MAILING A	DDRESS (Street			Ranke		n State 7in	Coriel	
5	1,7,		1 "						on, only or lon	ii, Oleto, 240	0000)	
	Mr. James Bible		1		erland,				T	112.20		
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	4 Donation 5 Other (Specify)		- Hyne	dman C	emeter			6-	I Hy	ndman	, PA	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	11			AND ADDRE			1 77			
	· Um. 7V	cara	1112		SCa	rpel. berla	LI FU	inera.	1 Home	3		
	23. PARY I. Enter the diseases, pr	nmolications the	t caused the de	eth Do no						ratory err	0.01	Approximate
	shock, or heart fallure.						ing, cao					Interval Between
	IMMEDIATE CAUSE (Final		0 4	0		-			1			Onset and Death
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	1	DUE TO	(OR AS A CONSE	OUENCE OF):				/				
Z		b	chon	2 11	end	for	- Cu	-				
2	Sequentially list conditions, if any, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF):								
S	cause, Enter UNDERLYING CAUSE (Disesse or injury	C.										
E	that initiated events	DUE TO	(OR AS A CONSE	QUENCE OF):								
=												
	resulting in death) LAST	d										
CERTIFICATION		d										
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_		_	death but not	resulting in	the underly	ng cause	given in	Part I.		RMED?		
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral direct has find within 72 hours after death with the State Debt, of Health and Mental Hydlene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury. or other traumatic event, the medical examiner mi
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BE COMPLETED BY

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27. MANNER OF DEATH

1 Nitural 5
2 Accident

3 Sulcide

4 Ho

5 Pending

6 Could not be

	1. DECEDENT'S NAME (First, Middle, Las	*	B. BROW	N				MON		YEAR	
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. le		IF UNDE	1 YEAR	IF UNDER 24 HR	g 7 DAT	ne 19.	e pip	3:45 A. THPLACE (State or For
	220-30-9086	1 □ M 2 🙀 F	85	YRS.	MONTHS	DAYS	HOURS MI	. Feb	13,190	6 N	aryland
OH	Meridian Nurs		r		9b. CIT		n LOCATION O	F DEATH		9c. COUNTY OF	oeath lerick
DIRECTOR	10a. STATE 10b. COU			10c. CIT		OR LOCAT					10d. INSIDE CITY
	Maryland Mo	ntgomery			- [It. I					1 - YES 2 1
LONEHAL	28737 Ridge	e Road				101	2177	12		10g. CITIZEN O	USA.
	11. MARITAL STATUS 1 Never Married 2 Merried 5 Widowed 4 Divorced	FORCES?	ENT EVER IN U.S. A 1 YES 2 X WAR OR DATES		13.	If yes, spe	ENDENT OF HIS scify Cuben, Me 2 KNO Se	xican, Puert	IN? (Specify Yee of Picen, etc.)	84	CE — American India ack, White, etc. acity: White
	18. DECEDENT'S E (Specify only highest gri		2	ECEDENT'S Give kind of te. Do NOT u	USUAL (work done se retired.)	during mo	IN at of working	10	b. KIND OF BUSI	NESS/INDUSTRY	
	7	Contage (1-4 Cit)]	House	ewife			Own	home	
	17. FATHER'S NAME (First, Middle, Lest)						18. MOTHER'S	NAME (First	Middle, Malden S	umame)	
	Verno	Burdett	е				Ma	ry Ja	ne Hard	У	
	19a. INFORMANT'S NAME (Type/Print) Lois E. Duval								mber, City or Town,		
	20e. METHOD OF DISPOSITION 120 Buriel 2 Cremation 3 R. 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE other p How	of oispo	sition (A	eme of cent	eth.Cen	etery	20c. LOC	ation - city or ng Corr	Town, State ner, Md.
	21. SIGNATURE OF FUNERAL SERVICE	W ofen	wath	J	22	Olir	L. Mo	leswo	rth, P.	A.	1. 20872
	23. PART I. Enter the diseases, of shock, or heart failur IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Due T	nat caused the dause on each lin	16.	۷	r the mo					Approximation interval Be Onset and 2 W
	Sequentially list conditions, if erry, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	O (OR AS A CONSI								
	PART II. Other significant condit	lone contributing t	to death but not	C.	In the u		g ceuee giver	n in Part I.	24a. WAS AN A PERFORM	AED?	Ab. WERE AUTOPSY FIL MAILABLE PRIOR COMPLETION OF C OF DEATH?
ICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	26. PI	ACE OF DEATH	I (Check only		Дио	OF DEATH?

29a, CERTIFIER (Check only one) ige, death occurred at the time, date end place, end due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On

28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify)

28b. TIME OF

investigation, in my opinion, death occured at the time, date and place, and due to the cause(e) and menner as stated. 296. SIGNATURE AND TITLE OF GERGIFIER 29d. DATE SIGNED (Month, Day, War)

28c. INJURY AT WORK?

1 YES 2 NO

D 16428

28d. DEȘCRIBE HOW INJURY OCCURED

28f. LOCATION (Street and Number or Flural Floute Number, City or Town, State)

30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

C. E. Cline, III, M.D. 300 W.9th St., Frederick, Md. 21701 31. DATE FILED (Month, Day, Year)

32. REGISTRAR'S SIGNATURE Lulia Tavidron Randall **JUN 24**

HOSPITAL:
1 | Inpatient | 2 | ER/Outpatient | 3 | DOA

28a. DATE OF INJURY (Month, Day, Year)

DHMH-18 Rev 1/89

June 19, 1991

ture .

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BALTIMORE, MARYLAND 21215-0020	ious after death. Page 6 may be retained by the hospital or attending physician. d in by the funeral director, page 5 should be detached for use as the burial-transit permit. Per removal. medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burla-fransit permit. Per filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEP	ARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERT	IFICATE O	F DEATH		REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	CERTIFIC	CATE OF	DEATH		REG. NO.			
n. DECEDENT'S NAME (First, Middle Kenneth	C.				2. DATE O		2 19	9 1	3. TIME OF OEATH 06:55
215-36-4683	1-√2 M 2 □ F	50 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	Oct	Day, Year) . 27,19	40	Country	ryland
9a. FACILITY NAME (If not institution Montgome	ery General		01nes	R LOCATION OF DI	EATH		9c. COUNTY		omery
	Montgomery		Spencer						10d. INSIDE CITY LIMITS? 1 TYES 2 TO NO
10e. STREET AND NUMBER	ncerville Road			ZIP CODE 20868			10g. CITIZE	N OF W	HAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	12. WAS DECEDENT EVER	S 2 NO	If yes, spe	ENDENT OF HISPAL celty Cuben, Mexica 2 NO Specif	en, Puerto R		or No- 14	RACE Black, Specifi	- American Indian, White, stc. y: White
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	r'S EDUCATION st grade completed) College (1-4 or 5+)	16e. DECEDENT'S US	k done during mos	N at of working	16b.	KIND OF BUSI			
9 17. FATNER'S NAME (First, Middle, L		Truck	Driver	16. MOTHER'S NA	AME (First, M		ng Co	mpa	ny
Earl E. I		19b. MAILING AI	DDRESS (Street or	Ber	-	er, City or Town,		ode)	
Earl E. Bolto	on, Jr.	26920	Howard	d Chapel	Dr.,		scus,	Md.	
20e. METHOD OF DISPOSITION 1 Burial 2 □ Cremation 3 (4 □ Donation 5 □ Other (Specia		20b. PLACE AND DATE Of cornectory, crematory or Pine Gr			6/25	20c. Loc			
		1 1110 01							
21. SIGNATURE OF FUNERAL SERVICE. 23. PART I. Enter the disease shock, or heart for IMMEDIATE CAUSE (Final	Molecular in the cause of the c	and the death. Do not a sech line.	22. NAME AN Olin 2640]	L. Mole Ridge	Rd.,	Damaso	cus, l		Approximate Interval Betw
21. SIGNATURE OF FUNERAL SER	es, or comblications that cause allure. List only one cause on DUE TO (OR ALL DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR DUE T	The	22. NAME AN Olin 26401	L. Mole Ridge	Rd.,	Damaso	cus, l		Approximate Interval Betw
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TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or re	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the med
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- STATE REGISTRAR		CERTIF	TOATE OF		REG. NO		
1. DECEDENT'S NAME (First, Middle, Lass RUTH RAYMO					JUNE 21,	**1991 YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 220-34-0964	5. SEX 1 M 2 K F	AGE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH 9-15-1910	Ne	WYORK
7721 Old Receiv	er Road		Frede	or location of d rick	EATH	9c. COUNTY C	derick
Maryland F	rederick		TY, TOWN OR LOCA Frederic				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
7721 Old Receiv	ver Road		10	21701			of what country?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT I FORCES? 1 IF YES, GIVE WAS	YES 2 NO	If yes, s		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EL (Specify only highest gra Elementary/Secondary (0-12)	OUCATION de completed) College (1-4 or 5 +)	(Give kind of		ost of working	1	JSINESS/INDUSTI	RY
	4 years	Micro	biologis	t	U.S.	Gov't.	
17. FATHER'S NAME (First, Middle, Lest) C. Rexford Raymo	ond				AME (First, Middle, Meide Landon	n Surname)	
190. INFORMANT'S NAME (Type/Print) Mr. Richard R. L	J11om	196. MAILIN 28 D	eerfield	and Number or Rural Drive	Poute Number, City or To Dover, N.		
2th. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Re 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE AND DA	TE OF DISPOSITION	N (Name etery	6/26 Fre	derick,	Fred.Co. M
	unfunes A	-1	22. NAME A	AND ADDRESS OF FA			
23. PART Enter the diseases, or shock, or heart failur immediate CAUSE (Finel disease or condition	compilations that on List only one cause	e on alich lina.	ROBE 1201 not enter the m	North Ma ode of dying, au	rket St. F ch sa cerdiac or res	rederic	Approximata Interval Betwo
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23. PART Enter the disease of shock, or heart failure in the disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions.	a. DUE TO (C. DUE TO (OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE OR AS A CONSCOUENCE	ROBE 1201 not enter the m OF): OF): OF): OT): OT): OTHER:	North Ma ode of dying, au	rket. St. F ch se cerdiec or res the se cerd	rederic piratory arreat, has be	Approximata Interval Betwo Onset and De Onse
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23. PART Enter the diseases of shock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 HO 27. MANNER OF BEATH	B. DUE TO (C. DUE TO (PR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE OR AS A CONSEQUENCE DR AS A C	ROBE 1201 not enter the m OF): OF)	North Ma ode of dying, au ode of dying,	rket. St. F ch sa cerdiac or res 1 Part I. 24a. WAS A PERFC 1 YES theck only one) 6 □ Other (Specify)	IN AUTOPSY DRMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	Approximata interval Betwo Onset and De Onse
23. PART Enter the diseases of shock, or heart failure immediate cause. Condition resulting in death) Sequentially list conditions, if sny, iseding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in the condition of the conditio	DUE TO (C. DUE TO (C.	e on ach line. OR AS A CONSEQUENCE OR AS A CONSEQ	ROBE 1201 not enter the m OF): OF)	North Ma ode of dying, au ode of dying,	rket St F ch sa cerdlac or res the sa cerdla	NAUTOPSY PRIMED? 2 NO NO NO NO NO NO NO NO NO NO NO NO NO	Approximate Interval Betwoonset and De Onset
23. PART Enter the diseases of shock, or heart failure immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other eignificent conditions in the condition of the conditio	a	e on ach line. OR AS A CONSEQUENCE OR AS A CONSEQ	ROBE 1201 not enter the m OF): OF)	North Ma ode of dying, au ode of dying,	rket. St. F ch sa cerdiac or resi the sa cerdiac or resi	N AUTOPSY PRIMED? 2 NO	Approximata interval Betwo Onset and De Onse
23. PART Enter the disease of shock, or heart failure immediate cause or condition resulting in death) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions in the condition of the cause of	a. DUE TO (C) b. DUE TO (C) c. DUE TO (C) d	e on ach line. OR AS A CONSEQUENCE OR AS A CONSEQ	ROBE 1201 not enter the m OF): OF	North Ma ode of dying, aud ode	rket. St. F ch sa cerdiac or resi the sa cerdiac or resi	N AUTOPSY PRIMED? 2 NO NO NAUTOPSY PRIMED? 2 NO NO NAUTOPSY PRIMED? 2 NO NO NAUTOPSY PRIMED? 2 NO NAUTOPSY PRI	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO

Mary Mary 100 grant 100 grant

BALLIMORE, MARYLAND	24 nours after death. Page 6 may be retained by the host	y filled in by the funeral director, page 5 should be detache tion, or removal.	the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, P.O. BOX 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL H	IYGIENE
TRAR	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	D MENTA	L HYGIENE REG. NO.		1011
1. DECEDENT'S NAME (First, Middle, Last) Clarence 0. Cro			7.1.2.1	2. DATE MONT	OF OEATH	91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			FUNDER 1 YEAR IF UNDER 24 HR	2 7 DATE	OF BIOTH	8.8	IRTHPLACE (State or Foreign
221-12-4324	1 X M 2 D F 7	73 YRS.	INTHE DAYS HOURS MIN	Aug	31, 19:	17 D	elaware
9a. FACILITY NAME (If not institution, give			b. CITY, TOWN OR LOCATION OF	F DEATH	9.	c. COUNTY	OF DEATH
Union Hospital	of Cecil Cou	nty	Elkton			Cecil	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	TY	10c. CITY, T	OWN OR LOCATION				10d, INSIDE CITY
Maryland Ceci	1	Elk	ton				LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER			10f, ZIP CODE		10	Dg. CITIZEN	OF WHAT COUNTRY?
3315 Singerly R	oad		21921			U.S.	A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	2 XNO	13. WAS DECENDENT OF HIS If yee, specify Cuban, Me 1 YES 2 NO Sp	xican, Puerto			RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION de compléted) Collège (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use in	k done during most of working stired.)		Building		truction
17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S	NAME (First,	Middle, Malden Sun	name)	
Clarence	O. Crossan,	Sr.			garet M.		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DORESS (Street and Number or Ru	ral Route Nun	nber, City or Town, S	tata, Zip Cod	0)
Eleanor B. Cros		3315	Singerly Road	li	Elkton,	MD 2	1921
20a. METHOD OF DISPOSITION JUN 	e 22, 1991 20 moval from State		ON (Name of cometery crematory d of Christia ian Cemetery	ña	120		or Town, Stata elaware
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE 2	licks	22. MAME AND ADDRESS OF HICKS HOME Bow and St Elkton, MD	ockto	n Street		
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	b	A CONSEQUENCE OF):	eardiel	ls	far	et	Onset and Deat
If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST	C	A CONSEQUENCE OF):					
PART II. Other significent condition	ona contributing to death	but not resulting in	the underlying cause given	in Part I.	24a. WAS AN AU		24b. WERE AUTOPSY FINDINGS
					PERFORME 1 YES 2	,	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH	(Check only o	one)		
1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out		THER: Nursing Home 8 - Resider	nce 8 🗆 Oth	er (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	26a. DATE OF INJURY (Month, Day, Year)	28b. TIME C			SCRIBE HOW INJU	JRY OCCURE	D
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28a PLACE OF INJUIN	ry — At home, farm, stre	et, factory, office	281. LO C/ty	CATION (Street and y or Town, State)	Number or R	ural Route Number,
ann)	The same of the sa		of the time, data and place, and in my opinion, death occured at				use(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFI	Beste	EATH (ITEM 27) (Type, Pr	29c LICENSE	NUMBER 92	2/ 2	DATE SK	HED (Month, Day, Year)
(SARY)	Beste	mad	Key	Such	~ 0	,0'	,
31. DATE FILEO (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE SON-PONDALL					



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transporter. Programmer is not a shown as the burlat and Memtal Hygiene prior to burlat, cremation, or removal. MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumstic event, the medical examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR	FRESIDEI 10a. STATE 10a. STATE 11. MARITAI 1 Never 3 Widov Element 17. FATHER 19a. INFORI 20a. METH 1 Dornat 21. SIGNATI
scuted within 24 hours af nd completely filled in by burial, cremation, or remo itic event, the medici	No	23. PART IMMEDIA disease of resulting
death certificate be ex attending physician a ental Hygiene prior to ry, or other traum	IY PHYSICIAN: MEDICAL CERTIFICATION	Sequentis if any, les cause. Er CAUSE (I that initia resulting
w requires that the considerable by the pt. of Health and Mt. 3 shows any injury.	N: MEDICAL	PART II.
NDING PHYSICIAN: The It is that the third death with the State De is death with the State De is marked, or item 2	D BY PHYSICIA	25. WAS CA EXAMIL 1 27. MANNE 1 Ne 2 Ac Ac 3 Su 4 Ho
) THE HOSPITAL OR ATTENDING THE FUNERAL DIRECTOR: After filed within 72 hours after deat IPORTANT: If Item 28 is mi	E COMPLETED B	4 Ho 29a. CERTII (Check
O THE I	BE	1 /

	Ci	ERTIFICATI	E OF DEATH	REG. NO.	
DECEDENT'S NAME (First, Middle, Last)	II M Con	UNER		2. DATE OF DEATH DAY & 19	YEAR JI DI P
SOCIAL SECURITY NUMBER	5. SEX B. AGE (In yrs. las			7. DATE DE BIRTH	J. BIRTHPLACE (State or Foreign
94-22-7524	1 KM 2 OF 58	YRS. MONTHS	DAYS HOURS MIN.	10-31-1932	Country) PENNA
FACILITY NAME (If not institution, give at	of Cecil C	% 96. CITY	TOWN OR LOCATION OF D	EATH 9c. COUNT	CCI
a. STATE 106. COUNTY	hesten	10c. CITY, TOWN	DR LOCATION 20 W 4 NIVE	resity	10d. INSIDE CITY LIMITS? 1 YES 2 MO
344 NUMBER	RK Rd		101. ZIP CODE	352 10g. CITIZI	EN OF WHAT COUNTRY?
. MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 D YES 2 I IF YES, GIVE WAR OR DATES	10	WAS OECENOENT OF HISPA If yes, specify Cuben, Mexic 1 TYES 2 PA NO Speci	an, Puerto Rican, etc.)	4. RACE — American Indian, Black, White, etc Specify: White
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	completed) (G	CEDENT'S USUAL Of the kind of work done Do NOT use retired.)	during most of working	Shoeing	HORSE 5
FATHER'S NAME (First, Middle, Leat) Clifford	CONNER		16. MOTHER'S N	AME (First, Middle, Mejden Surneme) 05E 601/136P	
LINGA CO	WER 19	5. MAILING ADDRES	S (Street and Number or Rural ARK Rd L	Route Number, City or Toyn, State, Zip (ity for 1935
e. METHOD OF/DISPOSITION Burlel 2 Cremation 3 Remo	20b. PLACE other pi	OF DISPOSITION (Mace) R.A. 7	eme of cometery, cremetory or ERRIS & Co	West Chest	tylor Town State
SIGNATURE OF EUNERAL SERVICE LIC	M	22.	NAME AND ADDRESS OF F	I Home Offe	O.L 19363
3. PART I. Enter the diseases, or o	complications that caused the de List only one cause on each line	eath. Do not ante	the mode of dying, suc	ch as cardiac or respiratory arre	st, Approximate Interval Between
AMEDIATE CAUSE (Final lease or condition suiting in death)	DIE TO (OR AS A CONSE	tal In	farction		Onset and Dea
equentially list conditions, any, leading to immediate suse. Enter UNDERLYING	DUE TO (OR AS A CONSE	QUENCE OF):			
AUSE (Disease or Injury nat Initiated events esulting in death) LAST	DUE TO FOR AS A CONSE	ovence of:	der olen	ia	
ART II. Other significant condition	a contributing to death but not	reaulting in the v	ndarlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
					1 TYES 2 NO
WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		28. PLACE OF DEATH (C	heck only one)	
1 YES 2 NO	1 Inpatient 2 ER/Outpatient :		rsing Home 5 - Residence		
	28a, DATE OF INJURY	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCC	JRED
MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	M	1 YES 2 NO		

TURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year)

ma. 21 DHMH-16 Rev 1/89

HEGISTHAH		CENTIFIC	AIE	JE DEALL		REG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) LIOYD (AVA	NAUgh				MO	TE OF DEATH		YEAR 3.	TIME OF DEATH
FloyD CAUA 4. SOCIAL SECURITY NUMBER 3 45 -24-3520			UNDER 1 YE		S. 7. DA	TE OF BIRTH onth, Day, Year)		Country)	CE (State or Foreign
9e, FACILITY NAME (If not institution, give stre			a. CITY, TO	WN OR LOCATION OF		7-1-33	9c. COUN	TY OF DEAT	
Loch Raven VA Me	_	1		LTIMORE					
10a. STATE 10b. COUNTY		10c. CITY, T	OWN OR L	OCATION				100	d. INSIDE CITY
Maryland		Bal	ltimo						LIMITS? YES 2 NO T COUNTRY?
100. STREET AND NUMBER 19 Tree	Way Court			10f. ZIP COOE 21	204			J. S.	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes	DECENDENT OF HIS s, epecify Cuben, Me YES 2. NO Sc	xicen, Puer		or No-		American Indien, hite, etc.
15. DECEDENT'S EDUC. (Specify only highest grade of		16e. DECEDENT'S US (Give kind of work life. Do NOT use n	done durin	PATION ig most of working		18b. KIND OF BUS	INESS/INDI	USTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	1	rieto	or		Tree	Trin	mming	
17. FATHER'S NAME (First, Middle, Last)					NAME (Fir	st, Middle, Meiden S			
Floyd J	esse Cavana	ugh			Edit	th Moshe	r		
19e, INFORMANT'S NAME (Type/Print)	-			reet and Number or Re					
Lisa McCormick				Road G			-		
20e. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremation 3 🗆 Remo 4 🗆 Donation 5 🗀 Other (Specify)	val from State	other place) EVer	rreer	Cemeter	V	Gra	nd Bi	City or Town,	Michigan
21. SIGNATURE OF FUNERAL SERVICE LICE Prichael P. Mr			22. NAN	ME AND ADDRESS OF	F FACILITY	Marzull	o Fur	neral	Service /land21155
	//								
23. PART I. Entar the diseases, or co shock, or heart feilure. L IMMEDIATE CAUSE (Finsi	lst only one cause on	aach lina.	antar the	moda or dying,	suçn as c	cardiac or respi	ratory arre	eat,	Approximata Interval Between Onset and Death
disease or condition resulting in death)	DUE TO (OR AS	PHYSIS							MINUTES Ymaths
									Ynaths
Sequantially list conditions, if sny, leading to immediate	DUE TO (OR AS	A CONSEQUENCE OF):							
cause. Entar UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF):							
resulting in death) LAST		3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3							
PART ii. Other significant conditions	contributing to death	but not resulting in	the under	dying cause gives	n in Part i	. 24e. WAS AN	AUTOPSY	24b. WI	ERE AUTOPSY FINDINGS
						PERFOR		CC	AILABLE PRIOR TO OMPLETION OF CAUSE
									DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:		THER:	8. PLACE OF DEATH					
27. MANNER OF DEATH	28e. DATE OF INJURY (Month, Day, Year)	Y 28b. TIME (OF 28	c. INJURY AT WORK? YES 2 NO	28d.	DESCRIBE HOW II	NJURY OCC	CURED	· · · · · · · · · · · · · · · · · · ·
2 Accident Investigation 3 Suicide 8 Could not be		RY — At home, farm, stre			28t.	LOCATION (Street	and Number	or Rural Rout	te Number,
4 Homicide determined	building, etc. (Sc					City or Town, State)			
const only	R: On the best of my knows:								nd manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	NO			29c. LICENSE	NUMBER		29d. DATE	E SIGNED (M	onth, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, P	rine) K. R. M	on Avr. 1	Balt	MA			
ERIC CO/MA 31. DATE FILED (Mgnth, Day, Year)	32. REGISTRAR'S SIG	SNATURE K	Jana Y	Rodo De	7+41	~ /*			
0/18/7/ JUN	26 '91	gunaraus	4001	1					

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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	1. DECEDENT'S NAME (First	st, Middle, Last)			0	CHASE		2. DATE MONT 06	OF DEATH	AY 9 1	EAR	7:28
	4. SOCIAL SECURITY NUM	IBER	5. SEX	6. AGE (In yrs. last t	birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH	8.	BIRTHPLA Country	VCE (State
TOR .	9a. FACILITY NAME (# not ST.MARYS H	HOSPITA	·			96. CITY, TOWN O	OR LOCATION OF D	EATH		ST . MA		
DIRECTOR	MARYLAND	10b. COUNT	AIZIZS			TOWN OR LOCAL A PLA	1				187	d. INSIDI
FUNERAL	38 B Old		ige Coa	ach		10	1. ZIP CODE 20624			10g. CITIZEN	OF WHAT	T COUNT
BY FU	11. MARITAL STATUS 1 Never Merried 2 3 Never Merried 4 Div		FORCES?	NT EVER IN U.S. ARM 1 YES 2 NO WAR OR DATES		If yes, sp	cendent of HISPA pecify Cuban, Mexic 3 2 TRO Speci	en, Puerto		e or No— 14.	RACE — Black, Wi Specify:	America hite, etc
COMPLETED	15. OE (Specify of Elementary/Secondary	ECEDENT'S EDI nly highest grad (0-12)	UCATION de completed) College (1-4 or 5	(Give	EDENT'S U e kind of wo Do NOT use	USUAL OCCUPATION done during money retired.)	ON ost of working	168	, KINO OF BU	SINESS/INOUS	TRY	
BE COMF	17. FATHER'S NAME (First,		nase J	r.			16. MOTHER'S NA	AME (First,	Middle, Maiden	Surname) Neil		
TO B	Victoria	Ander	son	.19b.	MAILING A	ADDRESS (Street	and Number or Rural	Route Num	nber, City or Tow	vn, State, Zip Co	de)	
	20e. METHOO OF OISPOSI 1 Duriel 2 Cremet 4 Donation 5 Other	tion 3 🗆 Rec	moval from State	20b. PLACE A of cemetary, of 5+. MA	crematory o	of DISPOSITION or other place)	Ch (Name	21/6	19 Br	yantuw		State
	21. SIGNATURE OF FUNER	IAL SERVICE L	ICENSEE		/	22. NAME A	ND ADDRESS OF F	CILITY		,		
	23. PART I. Enter the	diseeses, or	compligations the	st caused the dea	ith. Do ne	Adam ot anter the mo		ch as car	Home.	Agua.	SCU.	
ATION	23. PART I. Enter the shock, or iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm	litions, nedlate	DROUGHT.	est caused the dearense on each line. UNING O (OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE	UENCE OF	ot antar tha mo		CA ch as car	Home disc or resp	Agua Piratory arrest	3CU ,	inta
ERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) " Sequentielly list cond	Hitions, nediate Ying plury	b. Due to	O OR AS A CONSEQU	UENCE OF	ot antar tha mo		ch as car	Home diac or resp	Agua directory arrest	<i>5€0</i>	inta
N: MEDICAL CERTIFICATION	iMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	ditions, nediate Ying light	a. DROW DUE TO	O OR AS A CONSECU-	UENCE OF	ot antar tha mo	ode of dying, aud		diac or resp diac or resp 24a. WAS AI PERFO	N AUTOPSY RMED?	24b. WE AW	ere aut
MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA	ditions, nedlate Ying along a series conditions.	b. DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O OR AS A CONSECU-	UENCE OF	ot antar tha mo	ode of dying, aud	1 Part i.	24a. WAS AF PERFO 1 (LACES	N AUTOPSY RMED?	24b. WE AW	App intai Ons Ons Ons Ons Ons Ons Ons Ons Ons Ons
PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifications of the condition of	dittons, nedlate YING plury AST Cant condition of the Medical Cant Condition of the Medical Cant Condition of the Medical Cant Cant Cant Cant Cant Cant Cant Cant	b. DUE TO c. DUE TO d. HOSPITAL: 1 Inpatient 2 280. DATE 0 06 Month	O (OR AS A CONSECU- O (OR AS A CONSECU- O (OR AS A CONSECU- O death but not re	UENCE OF	ot antar tha mo	ng cause given in	heck only o	24a. WAS AF PERPO	N AUTOPSY RMED?	24b. WE AM	intal Ons
ED BY PHYSICIAN: MEDICAL	IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentielly list cond if any, leading to immediate. Enter UNDERL CAUSE (Disease or in that initiated events resulting in death) LA PART II. Other aignifications of the condition of	ditions, nediate	B. DUE TO DUE	O (OR AS A CONSECU- O (OR AS A CONSECU- O (OR AS A CONSECU- O (OR AS A CONSECU- O dawth but not re	UENCE OF	ot antar tha model of the model	ods of dying, such a second of dying, such a second of dying, such a second of dying, such a second of dying and second of dying at the second of dying at the second of dying at the second of dying at the second of dying at the second of dying at the second of dying at the second of dying at the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying, such as the second of dying at the second of	heck only of Other	24a. WAS APPERSO 1 (Specify) SSCRIBE HOW DWNING	N AUTOPSY RMED? 2 NO INJURY OCCUR	24b. WE AW CO OF 1 1	ERE AUT
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	FOR STATE REGISTRAR	STATE OF MARYLAN		RTMENT OF I		MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last)	SA. H.		ELLT		2. DATE OF DEATH DAY	2 91	3. TIME OF DEATH
)	4. SOCIAL SECURITY NUMBER 336-03-3537	1 🗆 M 2 🗆 XF 75	yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12/27/15	Count	HPLACE (State or Foreign ny) Cago, Ill.
FOR	Washington Count	· ·		Hagers	TOWN	EATH	Washing	
DIRECTOR	10e. STATE 10b. COUNT	v ington		ry, town on Loca				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
FUNERAL	100. STREET AND NUMBER 105 Woodside Ct.			10	21740		10g. CITIZEN OF	
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U. FORCES? 1 _ YES :	2 MO	If yes, so		IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	Blec	E — American Indian, k, Whita, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 8th	CATION 16 completed) College (1-4 or 5+)	(Give kind of life, Do NOT a Cashi	B USUAL OCCUPATE work done during mi use retired.) ET	ON ost of working	Restau		
BE COM	17. FATHER'S NAME (First, Middle, Lest) George Annino					ME (First, Middle, Malden :	Surname)	
TO B	Oscar J. Clavel	li		as item		Route Number, City or Town	o, State, Zip Code)	
	20e. METHOD OF DISPOSITION 1	ntombment Res	PLACE AND DATE Metary, cremator Surrect	re of disposition by or other place) ion Ceme	tery	6/15/91 C	CATION — City or T Linton,	
	21. SIGNATURE OF PUNERAL SERVICE LI	CENSEE P. Kalas,	L.			as Funeral 1 Rd. Oxon		d. 20745
	23. PART I. Enter the diseases, or shock, or heert fellure. IMMEDIATE CAUSE (Final	complications that caused to List only one cause on each	he death. Do h line.					Approximeta Interval Between Onset and Death
	disease or condition resulting in death)	a. CSU-LLSC DUE TO (OR AS A C	CONSEQUENCE O	OF):	-			sum fe
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Acute K DUE TO JOHN AS A CO a Dachen	ONBEQUENCE C	Pardi		lilen	- w	hours hours ech -days
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PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Impatient 2 ER/Outpati	lent 3 DOA	OTHER:	LACE OF DEATH (Ch	6 Other (Specify)		
ву РНУ	27. MANNER OF DEATH 1 Watural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. Til	JURY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW II	NJURY OCCURED	
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify	Al home, farm,	, street, factory, offi	ce .	281. LOCATION (Street a City or Town, State)	and Number or Rural	Route Number,
COMPLETED	anal —	BICIAN: To the best of my knowled						(s) and manner as stated.
TO BE C	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAMBE DE DEAT			29c. LICENSE NUI 7 3 / 8	780	29d. DATE SIGNE ▶ 6/12	D (Month, Day, Year)
	Martin W. Galla 31, DAYE FILED (Mornth, Day, Your) 14 91	gher, M(D) H 32. REGISTRAR'S SIGNAT		own, Md.	Washing	ton County		

	1 - STATE REGISTRAR	STATE OF MARYL			OF HEALTH		NTAL HYGIEN REG. NO			
	1. DECEDENT'S NAME (First, Middle, Last MILTON		HERRY			2.	DATE OF DEATH DO NONTH DO 12	, 1991	3. T	TIME OF DEATH 1:00 and
	4. SOCIAL SECURITY NUMBER 578-66-1940	1 € M 2 □ F	(In yrs. lest birthday) 45 YRS.	MONTHS 1	DAYS HOURS	MON,	DATE OF BIRTH (Month, Day, Year)	Nc	country)	CE (State or Foreign
OR	Doctors Community	y Hospital			own on Locat Inham	ION OF DEATH	1	9c. COUNTY		eorge's
חוחבתו	RESIDENCE OF DECEDENT 10a. STATE 10b. COU	NTY		TY, TOWN OR	LOCATION					I. INSIDE CITY LIMITS?
AL	10e. STREET AND NUMBER	P.G.		nham	101. ZIP COD	E		10g. CITIZEI		YES 2 NO
BY FUNER	9707 Locust A 11. MARITAL STATUS 1 Never Married 2 🕅 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 200	lf)		OF HISPANIC	ORIGIN? (Specify Ye werto Rican, etc.)			
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E COMPL	17. FATHER'S NAME (First, Middle, Last) Milton R. Che	errv					(First, Middle, Maiden			
TO B	19a. INFORMANT'S NAME (Type/Print) Margaret A. C 29a. Method of Disposition 1Xi Burlal 2 Cremetion 3 R 4 Donation 6 Other (Specify)	20		LOCU	st Av	e. L		Md.20	706 y or Town,	Stota N.C.
	21. SIGNATURE OF FUNERAL SERVICE	Bacon		1			uneral reet, N		Was	h., DC
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	EBRAL A CONSEQUENCE A CONSEQUENCE CONSEQUENCE	OF): THRO OF):						Interval Betwee Onset and Deat
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PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attend	ERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as 2 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	
PIT	ERA II	

	1. DECEDENT'S NAME (First, Middle, Last,)			2. DATE OF GEATH		3. TIME OF D
	Mary Ber	rtha C	Chilcote		June 1	2, 199	1 1429
	4. SOCIAL SECURITY NUMBER 578-10-4379	5. SEX 6. AGE	E (In yrs. last birthday) 72 YRS.	JF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN)	BIRTHPLACE (State of Country) ashingtor
O.B.	9a. FACILITY NAME (If not institution, give Calvert Memor		al	9b. city, town on Location of Prince Fre		9c. COUNTY	of OEATH lvert
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 10b. COUN MD Calve	тү	10c. CIT	y, town or location nce Frederick			10d. INSIDE (
	10e. STREET AND NUMBER		111	10f, ZIP CODE		10g. CITIZEN	1 YES 2
ERA	232 Macrae Sti	reet		20678		USA	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES7 1 YES	S 2 VNO	13. WAS OECENDENT OF HIS If yes, specify Cuben, Me		Yes or No- 14	Black, White, atc. Specify: White
ED	15. DECEDENT'S ED	UCATION	16a. DECEDENT'S	USUAL OCCUPATION work done during most of working	16b. KIND OF	BUSINESS/INDUS	
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT u		resta	ırant in	ndustry
E CO	17. FATHER'S NAME (First, Middle, Last) George A. Branson	n		16. MOTHER'S	NAME (First, Middle, Main	den Surneme) AVAILABI	T.
TO BE	19e. INFORMANT'S NAME (Type/Print)			ADDRESS (Street and Number or Au	ural Route Number, City or	Town, State, Zip Co	ode)
	Thomas L. Chilcot		Rt 8	Box 312 Warre	enton Virg	inia 221	
	1 Donation 5 Other (Specify)	moval from Stata	of cemetary, cremator				y or town, state 1 Marylan
	21. SIGNATURE OF FUNERAL SERVICE I		Mashingto	22. NAME AND ADDRESS OF			
	+ Product 9	2. 0/1/11.1	(m)	Robert E. Williams Suitland Man			ne, INC
	IMMEDIATE CAUSE (Finel disease or condition	0-1	each line.	+	such as cardiac or re	apiratory arres	interv
TIFICATION		a. Confine DUE TO (OR AS b. Engl of AS DUE TO (OR AS	S A CONSEQUENCE O	to censt	Kichne	ecol ch	intervi Onset
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BALTIMORE, MARYLAND 21215-0020	ments after death. Page 6 may be retained by the hospital or attending physician.	filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pag m, or removal.	se medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a man a fate death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3 security for the filled within 72 hours after death with the State Oept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

_	REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	EG. NO.		
		Louis	Chra	la		2. DATE OF DE	DAY	YEAR 9	3. TIME OF DEATH ### ## M
	4. SOCIAL SECURITY NUMBER 507-16-7558	5. SEX 6. AG		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day,	18TH 1964	Country	PLACE (State or Foreign caska
	9a. FACILITY NAME (If not institution, give str		0.1	4.5	OR LOCATION OF D			NTY OF DE	
	RESIDENCE OF DECEDENT	65/02	TAFET	174	ナナナシレ	116	PR	IN CE	- GEORGE
S	10a. STATE 10b. COUNTY PRIM	LE GEOR		TOWN OR LOCA	TIVILLE	-			10d. INSIDE CITY LIMITS? 1 YES 2 NO
2	10e. STREET AND NUMBER	GSTON.		10	20781				HAT COUNTRY? States
	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OF YES, WW-	ES 2 NO	If yes, s	CENDENT OF HISPA Decify Cuban, Maxico 3 2 NO Special	en, Puarto Rican,		Black	- American Indian, White, etc.
	15. DECEDENT'S EDUC (Specify only highest grade of	completed)	16a. DECEDENT'S U (Give kind of we life. Do NOT use	ork done during m	ON ost of working	16b. KIND	OF BUSINESS/INC	USTRY	
	Elementary/Secondary (0-12) 12th	College (1-4 or 5+) 2 yrs.			ords Cle	rk U.S.	Gov't.		
5	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle	, Maiden Surname)		
3	Simon Chval 19a. INFORMANT'S NAME (Type/Print)	a	19b. MAILING	A CORESS /Street	France	S Kosm	ack_	Code	
2	Dollie Chyala				on Stree				20781
	20a METHOD OF DISPOSITION 1 \(\text{N} \) Buriel 2 \(\text{D} \) Crentation 3 \(\text{Remu} \) 4 \(\text{D} \) Donation 5 \(\text{D} \) Other ((becily))	Afrom State	20b. PLACE AND DATE of cemetary, crematory of Maryland S	or oisposition of other place) tate Ve	terans C	em. 06	20c. LOCATION — -12-91 Ch	City or Tor	enham, Md.
	STREETHATURE OF PUNERAL SERVICE UN		7	FRANC	NO ADDRESS OF FA	S SONS	FUNERAL	L HON	Æ, P.A.
	23. PART i. Enter the diseases, or c	omplications that cau	sed the deeth. Do no		BALT. AV				20781 Approximate
	shock, or heert fellure. I	List only one cause or	n eech line.						Interval Between Onset and Death
	resulting in desth)	DUE TO (OR A	S A CONSEQUENCE OF):	14 00	707	1		פאטמו מד
5	Sequentially list conditions,	Ar Tevio	S A CONSEQUENCE OF	c Car	dievas	cular	Dise	il	years
	if sny, leeding to immediate cause. Enter UNDERLYING	, DOE 10 (ON A	S A CONSEQUENCE OF	1.					į
	CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR A	S A CONSEQUENCE OF):					
,	PART II. Other significent conditions	contributing to deet	h but not reaulting in	the underlyin	ng cause given ir	Part i. 24s.	. WAS AN AUTOPSY	24b.	WERE AUTOPSY FINDINGS
						1	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
							1		1 Tes 2 No
SICIAIN. IN	25. WAS CASE REFERRED TO MEDICAL			26. F	PLACE OF DEATH (C	heck only one)			
	EXAMINER?	HOSPITAL:	Outpetient 3 DOA	OTHER:	me 5 Residence		ectfy)		
	27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUI	er) INJ	JRY W	JURY AT ORK? YES 2 NO	28d. DESCRIE	BE HOW INJURY OC	CURED	
3	3 Suicide 8 Could not be datarmined	28e. PLACE OF INJU building, atc. (S	URY — At home, farm, s Specify)	treet, factory, offi	Ce	28f. LOCATION City or Tox	N (Street and Number wn, State)	r or Rural F	Route Number,
	anal ha	CIAN: To the best of my ki							i) and manner as stated.
2	296. SIGNATURE AND TITLE OF CENTIFIER	who De	exami	Les -	De /	MBER F52	29d. DAT	E SIGNEO	(Month, Day, Year)
	PAUL A, DEV	URE MAS	DEATH (ITEM 27) (700,	ecusbi	ury Rel	HyaT	15W//e	M	0-91
	31. DATE FILEO (MORIE), Day, Year) 91	32. REGISTRAR'S S	avidon-Randa						

			D / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	
	4	1. DECEDENT'S NAME (First, Middle, Last) John Michael Cavanaugh		2. DATE OF DEATH DAY SEAR 1991	3. TIME OF DEATH 9:05 A M
	-ng	***************************************	s. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.		THPLACE (State or Foreign
(F)		171-24-0357 ¹XXM 2□ F 59	YRS. MONTHS DAYS HOURS MIN.	5-19-32 Pen	insylvania
(1)	5	99. FACILITY NAME (if not institution, give street end number) 4207 Cloudberry Court	96. CITY, TOWN OR LOCATION OF DE	ATH 9c. COUNTY OF Plontgo	
1 590	RECTOR	RESIDENCE OF DECEDENT 10e, STATE 10p, COUNTY	10c. CITY, TOWN OR LOCATION		10d. INSIDE CITY
permit. Pages	0	laryland Hontgomery	3urtonsville	10a CITIZEN OF	LIMITS? Y 1 YES 2 1 NO F WHAT COUNTRY?
Jist	JERAL	4207 Cloudberry Court	20856	USA	
1203-3146 or attending physician. r use as the burial-transit	BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENTRY ER IN U.S FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO If yes, specify Cuben, Mexican	n, Puerto Rican, etc.) Bis	CE — American Indian, ack, White, etc.
17 o to	LETED	(Specify only highest grade completed) Etamentary/Secondery (0-12) College (1-4 or 5+)	e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)	16b. KINO OF BUSINESS/INDUSTRY	
LAND 2: by the hospital be detached to at once.	COMPL	17. FATHER'S NAME (First, Middle, Last)	ational Security Agency	US Government ME (First, Middle, Malden Sumame)	-
	212	James Cavanaugh	Hary Ne		
MARYL be retained by je 5 should be notified at		19a. INFORMANT'S NAME (Type/Print) Kevin Cavanaugh	19b. MAILING ADDRESS (Street and Number or Rural P 4207 Cloudberry Ct. Su		0866
ALTIMORE, N teath. Page 6 may be funeral director. page 8 xaminer must be 7		20b.yMETHOD OF DISPOSITION 1 TVBrinal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) Gatte	ACE OF DISPOSITION (Name of cemetery, cremetory or the place) Of Heaven Cemetery	20c. LOCATION — City or Silver Spri	ng, Maryland
BALTIMOR er death. Page 6 m the funeral director. val.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22. NAME AND ADDRESS OF FA		
0 = 0	Ш	- / Challenday De		ring Rd. Laurel, A	
filled in the form of the media		23. PART I. Enter the diseases, or complications that caused in shock, or heart fellure. List only one cause on each IMMEDIATE CAUSE (Finsi disease or condition			Approximate interval Between Onset end Death
13146, precuted within and completely fille burial, cremation.		resulting in danth) a. OUE TO (OR AS A CO	MISEOUENCE OF):	G METASTAT	76
and o bur	ATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING	INSEQUENCE OF):	, INETT CONT	
DS, P.O. BOX the death certificate be the attending physician d Mental Hygiene prior to injury, or other traur	TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST	INSEQUENCE OF):		
at the death by the atte and Mental v inlury.		PART ii. Other significent conditions contributing to death but	not resulting in the underlying cause given in	Part i. 24s. WAS AN AUTOPSY 2	24b. WERE AUTOPSY FINDINGS
that that ed by) S			PERFORMED?	AWAILABLE PRIOR TO COMPLETION OF CAUSE OF CEATH? 1 YES 2 NO
NL RECO le law requires has been sign Dept. of Healt	AN:	25. WAS CASE REFERRED TO MEDICAL	AN EN AGE OF BEATTI ON		
SICIAN: The certificate ha the State D		EXAMINER? 1 YES 2 NO HOSPITAL: 1 thpetient 2 ER/Outpatle	26. PLACE OF DEATH (Ch OTHER: ant 3 DOA 4 Nursing Home 5 N Residence		
	ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28b. TIME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. OEŞCRIBE HOW INJURY OCCURED	
DIVISION OR ATTENDING F DIRECTOR: After t hours after death			At home, farm, street, factory, office	28f. LOCATION (Street and Number or Rui City or Town, State)	rel Route Number,
DIV SPITAL OR A NERAL DIRECTOR Thin 72 hours NT: 16 from	COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFVING PHYSICIAN: To the best of my knowled one) 2 MEDICAL EXAMINER: On the basia of exemination a	ge, death occurred at the time, data end place, end due and/or investigation, in my opinion, death occured at the		se(e) and manner as stated.
TO THE HOSPITAL (TO THE FUNERAL D De filed within 72 h IMPORTANT: If II	BE	20b, BICHASCHURE 2010 TYPE OF GENTERIEN	29c, LICENSE NU	MBER 29d. DATE SIGN	NED (Month, Day Year)
15)	2	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH	1 (ITEM 27) (Type, Print)		
		31. DATE FILED (Morith, Day, Year) 32. REGISTRAR'S SIGNATI 4. Surial David	ure Jan-Aandall		

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DHMH-16 Rev 1/89

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	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. las	t birthday) F	UNDER 1 YEAR		MONTH 1 DATE OF BIRTH (Month, Day, Year)	8.1	12:15 A BIRTHPLACE (State or Foreign Country)
	9a. FACILITY NAME (If not institute	1 🔀 M 2 🗆 F	77	YRS.		OR LOCATION OF OEAT	(Morrith, Day, Year) 7/2/13	9c. COUNTY	Georgia OF DEATH
TOR	100 Park Dr				Caton	sville, M	id.	Ba1	timore
DIRECTOR		Baltimore		100	nsvill				10d. INSIDE CITY LIMITS? 1 YES 2 X NO
FUNERAL	100. STREET AND NUMBER 100 Park				101	21228		U.S.	OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Mer 3 WWW Wildowed 4 Divorced	I IF YES, GIVE W	FEVER IN U.S. AR XYES 2 1 AR OR DATES	MEO	If yes, sp	ENOENT OF HISPANIC ecity Cuben, Mexican, 2 NO Specity:		as or No—	RACE — American Indian, Black, White, etc. Specify: White
PLETED		NT'S EDUCATION thest grade completed) College (1-4 or 5 +) (G	CECENT'S USI live kind of work Do NOT use re	done during mo		U.S.		'RY
BE COMPL	17. FATHER'S NAME (First, Middle Leon	Commerford, S	r.			18. MOTHER'S NAME Jessie	(First, Middle, Malde, Hardmen	n Surname)	
TO B	190. INFORMANT'S NAME (Typo/					Court, Ca	tonsville	e, Md.,	21228
	20 METHOD OF DISPOSITION 1 Burial 2 Cremation 4 Donation 5 Other (Spe	ecify)	other pl	lecel	Nation	al Cemete	ry		or Town, State On, Va.
	21. SIGNATURE OF FUNERAL SE	ervice licensee	tike	/		H. WITZK			tt City,Md.2
CERTIFICATION	23. PART I. Enter the diseases or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): DOUE TO (OR AS A CONSEQUENCE OF): DOUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):								
MEDICAL CERT	PART II. Other algnificant	conditions contributing to	death but not	resulting in t	tha undarlyir	g cause given in P		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
SICIAN	25. WAS CASE REFERRED TO M EXAMINER?	HOSPITAL:		10	28. P	LACE OF OEATH (Chec	k only one)		<u> </u>
PHY	1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Per		INJURY	26b. TIME O	Y W		Other (Specify) 28d. OESCRIBE HOW	/ INJURY OCCUP	REO
TED BY	3 Suicide 8 Cou	estigation 28e. PLACE Could not be pullding,	F thjury — At he etc. (Spec/ly)	ome, farm, stre			28f. LOCATION (Stree City or Town, Star		Rural Route Number,
COMPLE	(Orack Oray	ING PHYSICIAN: To the best of a							
TO BE C	296. SIGNASTINE AND TITLE OF	Walutal	mo			29c. LICENSE NUMB	DER 56	29d. DATE S	IGNEO (Mogin, Day, Year)
	30. NAME AND ADDRESS OF PI	Vater Dield	SE OF DEATH (IT	res A	is perfal	900 Ci	for fore	Bal	16 Al 212
	JUN 2 1 '9	1 Sestia D	widson Po	mola eq					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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MILLS OF ELECTRICAL PROPERTY AND SELECTION OF THE SELECTI

1 - STATE REGISTRAR	SIAIL OF MARKELAN	CERTIFICATE	OF HEALTH AND ME	NTAL HYGIENE REG. NO.	,	1 10123
1. DECEDENT'S NAME (First, Middle, Last		7.2	2.	DATE OF DEATH	YEA	3. TIME OF DEATH
Dorothy	f. Cassel	L		MONTH DAY	9/	630 PM
4. SOCIAL SECURITY NUMBER		yrs. lest birthday) IF UNDER	1 YEAR IF UNDER 24 HRS. 7.	DATE OF BIRTH (Month, Day, Year)		NRTHPLACE (State or Foreign country)
497-12-8179 9a. FACILITY NAME (If not institution, give	1 M 2 F street and number)	72 YRS.	TOWN OR LOCATION OF DEATH	2-9-191	9c. COUNTY	ILLINOIS
11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	est Home	Syke	esville, mo	4	Carr	1011
10a. STATE ND 10b. COUN	CARROLL	10c. CITY, TOWN O	ESVILLE			10d. INSIDE CITY LIMITS? 1 YES 2 YO
100. STREET AND NUMBER 592 OKLAHOMA	AVE.		10f. ZIP CODE 21784			OF WHAT COUNTRY?
11. MARITAL STATUS	12. WAS DECEDENT EVER IN U	J.S. ARMED 13. 1	WAS DECENDENT OF HISPANIC		or No- 14. I	RACE — American Indian, Black, White, atc.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 _ YES IF YES, GIVE WAR OR DATE	ES 1	f yes, specify Cuban, Maxican, P I YES 2 NO Specify:	uarto Rican, atc.)		Specify:WHITE
15. DECEDENT'S ED (Specify only highest grad		6a. DECEDENT'S USUAL OC (Give kind of work done of	CCUPATION during most of working	16b. KIND OF BUS	INESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+) 2 years	SECRETAR		FEDER	RAL GO	VERMENT
17. FATHER'S NAME (First, Middle, Lest) SEBASTIAN H	AUNER			(First, Middle, Melden S SALVAR	,	
196 JNFORMANT'S NAME (Type/Print) CHARLES J. CAS	SELL	196. MAILING ADDRESS 592 OKLA	(Street and Number or Rural Rout LHOMA AVE.,	SYKESVI	, State, Zip Cod	MD 21784
20a. METHOD OF DISPOSITION 1 Burial 2 A Cremation 3 Re	20b. P	PLACE OF DISPOSITION (Na	me of cemetery, cremetory or	20c. LOC	CATION — City	or Town, State
4. □ Donation 5 □ Other (Specify)	BA		. CREMATORY		AUREL	, MD.
21. SIGNATURE OF FUNERAL SERVICE I	a Slack MOC	0535 SI 38		HOME		TCOTT CITY
23. PART I. Enter the diseases, of ahock, or haert fellure		tha daath. Do not enter	the mode of dving, such a	a cardiac or reanis		
IMMEDIATE CAUSE (Final disease or condition	e. List only one cause on sac		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a cardiec of reapi	retory arreat,	Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final	e. Pharma	consequence of:		a cardioc of reapin	etory arreat,	Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):			AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF):		rt I. 24s. WAS AN. PERFOR	AUTOPSY MED?	Interval Between Onset and Death Onset and Death 24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): The property of the unit	nderlying cause given in Pa 28. PLACE OF DEATH (Check	rt I. 24a. WAS AN PERFOR	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are all the conditions of the conditions	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. Ona contributing to death but	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): R not resulting in the under the consequence of the co	nderlying cause given in Pa 28. PLACE OF DEATH (Check R: sing Home 5 Rasidenca 6	rt I. 24a. WAS AN PERFOR 1 YES 2 only one)	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are under the conditions of the condition	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C d. HOSPITAL: 1 Inpetiant 2 ER/Outpett 28a. DATE OF INJURY (Month, Day, Year)	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): It not resulting in the un	nderlying cause given in Pa 28. PLACE OF DEATH (Check R: sing Home 5 Rasidenca 6	rt I. 24a. WAS AN PERFOR 1 TYES 2	AUTOPSY MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are under the conditions of the condition	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C DUE TO (O	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): R not resulting in the ur A not resulting in the ur 26b. Time of INJURY M All home, farm, street, fact	28. PLACE OF DEATH (Check R: sing Home 5 Realdence 6 26c. INJURY AT WORK? 1 YES 2 NO	rt I. 24a. WAS AN PERFOR 1 YES 2 only one)	AUTOPSY MED? NO NO NJURY OCCURI	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations. The conditions are conditionally also and investigations. The conditions are conditionally also and investigations. The conditions are conditionally also and conditions. The conditions are conditionally also and conditions. The conditional conditions are conditionally also and conditions. The conditions are conditionally also and conditions. The conditional conditions are conditionally also and conditions. The conditions are conditionally also and conditions. The conditional conditions are conditionally also are conditionally also and conditions. The conditional conditions are conditionally also are conditiona	DUE TO (OR AS A C b. DUE TO (OR AS A C c. DUE TO (OR AS A C d.	consequence of): consequence	28. PLACE OF DEATH (Check R: sing Home 5 Realdence 6 28c. INJURY AT WORK? 1 YES 2 NO lory, office 2	only one) Other (Specify) Bd. DESCRIBE HOW II Bf. LOCATION (Street a City or Rown, State)	AUTOPSY MED? NO NURY OCCUR!	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and investigations. The conditions are conditionally also and investigations. The conditions are conditionally also and investigations. The conditions are conditionally also and conditions. The conditions are conditionally also and conditions. The conditional conditions are conditionally also and conditions. The conditions are conditionally also and conditions. The conditional conditions are conditionally also and conditions. The conditions are conditionally also and conditions. The conditional conditions are conditionally also are conditionally also and conditions. The conditional conditions are conditionally also are conditiona	DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C d. DUE TO (OR AS A C DUE TO (OR AS A C DUE TO (OR AS A C REP/Outpatt 28a. DATE OF INJURY (Month, Day, Year) 28a. DATE OF INJURY building, etc. (Specify SICIAN: To like best of my knowled NER: On the basis of axamination of	consequence of): consequence	28. PLACE OF DEATH (Check R: 128. INJURY AT WORK? 1 YES 2 NO 1 YES 2 NO 1 NOW THE RESEARCH AND THE RESEARCH	only one) Other (Specify) Bd. DESCRIBE HOW II City or Town, State) the cause(s) and manna, date and place, and	AUTOPSY MED? NO NJURY OCCUR! and Number or F	Interval Between Onset and Death 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions in the condition of	DUE TO (OR AS A C DUE TO (OR AS	CONSEQUENCE OF): CONSEQUENCE	28. PLACE OF DEATH (Check R: sing Home 5 Realdence 6 28c. INJURY AT WORK? 1 YES 2 NO lory, office 2 2 2 2 2 2 3 3 3 3	only one) Other (Specify) Bd. DESCRIBE HOW II Bf. LOCATION (Street a City or Rown, State) the cause(s) and manner, date and place, and ER	AUTOPSY MED? NO NJURY OCCURI Ind Number or F	Interval Between Onset and Death Onset and Death Onset and Death Onset and Death Onset and Onset

32 HEGISTRAN'S SIGNATURE

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FILED (Month, Day

31

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TO BE COMPLETED BY FUNERAL DIRECTOR

0 0 0 0 0

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	1. OECEOENT'S NAME (First, Middle, L		Kurtz	CUI	LER				2. DATE OF WONTH	23,	1991	YEAR	11:30 A.
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In y	s. lest birthday)	IF UNDER		IF UNDER		7. DATE OF	BIRTH		Count	IPLACE (State or Foreign
	215-36-6578	1 M 2 F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	Sept		1915	1	laryland
œ	90. FACILITY NAME (If not institution, g 5124 Cap Stine				9b. CITY,		ederi		HTA		9c. COUN		eri.ck
6	RESIDENCE OF DECEDENT										E.	read	SILOK
DIRECTOR	Maryland 10b. co	rederick		10e. CIT	Y, TOWN O	R LOCAT	Fred	leri.	ck				10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	5124 Cap Stine	Road,				101	. ZIP CODE	170	L		10g. CITIZ		J.S.A.
BY FUR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		NT EVER IN U.: 1 YES 2 WAR OR DATE	NO		f yee, sp		n, Mexico	IIC ORIGIN? (n, Puerto Ric v:		or No—	14. RACI Blac Spec	E — American Indian, k, White, atc.
COMPLETED	15. DECEOENT'S (Specify only highest of	EOUCATION (rede completed)	16	a. OECEDENT'S				a	16b. K	IND OF BUS	SINESS/INDI	USTRY	
9	Elementary/Secondary (0-12)	College (1-4 or 8	5+)	Ille. Do NOT u	se retired.)					177	n mu i m	C	
× I	17. FATHER'S NAME (First, Middle, Last	1		Dairy	raim	er.	40 8400	APPRIO NA	ME (First, Mid		armin,	E	
E C	Kurtz Elias						100		Ellen				
0	19e, INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a		U	Route Number			Code)	
2	Julia S. Culler			5124	Cap	Sti	ne Ro	. , :	Freder	ick,	Md.	2170	01
	20a. METHOD OF DISPOSITION 1/ Burlel 2 Cremation 3	Removal from State	20b. PL	ACE OF DISPO	SITION (Na	the:	ran (eme	terv		CATION — C		Maryland
	4 □ Donation 5 □ Other (Specify) . 21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	1 0		22.	NAME A	ND ADDRE	SS OF FA	CILITY				
	21. SIGNATURE OF FUNERAL SERVIC PULL (23. PART I. Enter the diseases, ahock, or heart falls	C.C. Bas	youl	M0002.	22.	Ke	eney	and t. Cl	Basic	rd Fi	unera Fred	l H	OME Approximate interval Betw
	21. SIGNATURE OF FUNERAL SERVICE PULL (23. PART I. Enter the discosos,	or complications the	na saused th	M0002.	22.	Kee	eney 6 Fas	and t. Cl	Basfo	ord Fi	unera Fred	l H	OME Approximate interval Betw
CATION	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	or complications the ure. List only one can be used to	net seused the	MOOO2.	not antar	Kee	eney 6 Fas	and t. Cl	Basfo	ord Fi	unera Fred	l H	OME Approximate Interval Betw
ERTIFICATION	23. PART I. Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	or complications the ure. List only one case. a. Ten Due Ten Due Ten Case.	on each on each of the control of th	MOOO2.	not antar	Kee	eney 6 Fas	and t. Cl	Basfo	ord Fi	unera Fred	l H	OME Approximate interval Between
EDICAL CERTIFICATION	23. PART I. Enter the diseases, ahock, or heart falls IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	or complications the sure. List only one case. a. Ten Due To Due To Due To d. Due To d.	O (OR AS A CC	MOOO2. The death. Do line. The death. Do line. The death. Do line. The death. Do line. The death. Do line. The death. Do line.	not antar	Ke 100 the mo	ND ADDRE	and and the Cing, suc	Basichurch haa cardia	ord Fi	Ered ratory and ratory	l Ho	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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MEDICAL	21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the diseases, shock, or heart falls immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions.	or complications the contributing to the contr	O (OR AS A CC	MOOO2. The death. Do nine. T	not antar OF): OTHER	NAME AIA Ke TO Control the model of the mode	no Adorse eney 6 Fas da of dy	and and at Cing, suc	Part I. 2	St. c or respi	Ered ratory and ratory	l Ho	Approximate interval Betwo Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do Onset and Do
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ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart falls immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	or complications the complications the complications the complete	O (OR AS A CC O (OR AS A CO) (MOOO2. The death. Do ine.	DTHEI 4 Num	NAME AI A Ke TO A TO A TO A TO A TO A TO A TO A TO	g cause :	and and the Clark of the Clark	Part I. 2 Both only one) Current Basf (Current Basf (Current Curre	As. WAS AN PERFOR	AUTOPSY MMED?	244	Approximate interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
ED BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart falls immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PANO 27. MANNER OF DEATH 1 Netural 5 Pending investigations and provided and provided and determined.	or complications the ure. List only one can be used. B. DUE To the best of th	OF INJURY — Of INJURY — of my knowledge of my	MOOO2. The death. Do line. T	OTHER AUNUME OF JURY M street, fact	NAME AI Ke- 10/1 the model of t	g cause : LACE OF E LACE OF E DRIVY TYES 2 [given in	Part I. 2 Beck only one) But Character in the course of	4a. WAS AN PERFOR	AUTOPSY BMED?	244 244 244 246	Approximate Interval Betwo Onset and De Onse
D BY PHYSICIAN: MEDICAL	23. PART I. Enter the diseases, shock, or heart falls immediate cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 PANO 27. MANNER OF DEATH 1 Netural 5 Pending investigations and provided and provided and determined.	or complications the complications there. List only one case. a	O (OR AS A CC O	MOOO2. The death. Do line. T	OTHER AUNUME OF JURY M street, fact	NAME AI Ke- 10/1 the model of t	g cause of LACE OF E	given in	Part I. 2 Part I. 2 Part I. 2 Part I. 2 1 1 1 1 1 1 1 1 1 1 1 1 1	4a. WAS AN PERFOR	AUTOPSY IMED? AUTOPSY IMED? Fig. NO NJURY Occurred Number	244 244 246 246 246 246 246 246	Approximate Interval Betwee Onset and De Ons

Dr. Arthur G. Manalo, M.D., 187 Thomas Johnson Drive, Frederick, Md. 21701

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-16 Rev 1/89

91 18126

2

JUN 24 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 - FOR STATE REGISTRAR

STATE OF MARYL	ND / DEPARTMENT	OF HEALTH	AND N	IENTAL	HYGIENE
	CERTIFICATE	OF DEAT	ГН		REG. NO.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI CERTIFIC			MENTAL HYGIEN					
	1. DECEDENT'S NAME (First, Middle, Last) Mary Ann	Carlisle				2. DATE OF DEATH	8 199	3. TIME OF DEATH 7:15 amm			
	4. SOCIAL SECURITY NUMBER 5.		In yrs. lest birthdey)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 10 1	8. Bif	THPLACE (State or Foreign unitry) MD.			
	9e. FACILITY NAME (If not institution, give etreet	and number)	9		R LOCATION OF DE		9c. COUNTY OF				
10	19700 Barnesvil	le Rd.		Dicker			Montgo	omery			
DIRECTOR	MD. Montgo	merv		rown or Locat kerson				10d. INSIDE CITY LIMITS? 1 YES 2 K NO			
	100. STREET AND NUMBER	<u></u>			ZIP CODE			F WHAT COUNTRY?			
FUNERAL	19700 Barnesvil	1e Rd.	I II O ADMED		20842	110 0 0 10 10 10 10 10 10 10 10 10 10 10		S . A .			
B	1 Never Merried 2 Merried 3 Widowed 4 Divorced	lever Merried 2 Merried FORCES? 1 YES 2 NO If yes, specify Cuben, Mexican, Puerto Rican, etc.)									
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondery (0-12)	et grade completed) (Give kind of work done during most of working life. Do NOT use retired.) J. Mat						Carlisle,In			
MPI	12		excavat	ion		Part-o					
	17. FATNER'S NAME (First, Middle, Leet) Roger R. Poole					B. Youn					
TO BE	19e. INFORMANT'S NAME (Type/Print)				nd Number or Rural	Route Number, City or To	wn, State, Zip Code)				
F	J. Maurice Carl					Rd, Dick					
	20s. METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 Removal 4 Donation 8 Other (Specify)	from State	other place)	ON (Neme of cer			eallsv				
	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE		22. NAME AN	D ADDRESS OF FA	cury Hilto					
	· WM C/fee	5		22111	Bea11	sville R	d.Barn	esville, Md			
	23. PART I. Enter the diseases, or com ahock, or heart fellure. List			enter the mo	de of dying, auc	h as cardlec or ree	piratory arreat,	Approximata Interval Between Onset and Daath			
	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Metastatic Breast Cancer DUE TO (OR AS A CONSEQUENCE OF):										
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PHYSICIAN: MEDICAL C	PART II. Other algnificant conditions o	N AUTOPSY PRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO								
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (C)	eck only one)					
YSI	1 U YES 2 U NO 1	☐ Inpetient 2 ☐ ER/Outp	patient 3 DOA 4			8 Other (Specify)					
ву Рн	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	(Month, Day, Year)	28b. TIME (OF 28c. INJ	RK?	28d. DESCRIBE HOW	INJURY OCCURED	,			
	2 Accident investigation 3 Suicide 8 Could not be 4 Nomicide determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, stri	et, tectory, offic	•	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIA EXAMINER: 0							se(e) end menner as stated.			
BE	29b. SIGNATURE AND TITLE OF CERTIFIER	Plane	1-7		29c. LICENSE NU	MBER 029	29d. DATE SIGN	NED (Month, Day, Year)			
5	30. NAME AND ADDRESS OF PERSON WIND C	Clark		56 7.	Lonas	Tolinson	Dr 7	Frederick, vel			
	31. DATE JUN 1 9 1991 &	32. REGISTRAR'S SIGN	ATURE					21705			

hosp	ache	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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RA	REC.	E
** THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🗻 Jours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burkal, cremation, or removal.	f He
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Jui-Chih Hsu,

JUN 24 '91

M.D.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND /		T OF HEALTH I		L HYGIEN REG. NO.	9	1 1	8128		
	1. OECEDENT'S NAME (First, Middle, Last)	Flora Anders	on Dug	ger	2. DATE MONTI			RA	ME OF DEATH		
3		SEX 6. AGE (In yrs. last	YRS. FUNDER	DAYS HOURS	MIN. July	of BIRTH	1.0	BIRTHPLAC Country)	E (State or Foreign		
	9a. FACILITY NAME (If not institution, give street	and number)	9b. CIT	r, TOWN OR LOCATION			9c. COUNTY	OF DEATH			
OR	Laurelwood Nursing	g Center	El	kton			Ceci	.1			
5	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 11										
DIRECTOR	Maryland Cecil		Elkton					1 🗆	INSIDE CITY LIMITS? YES 2 X NO		
FUNERAL	100. STREET AND NUMBER 1168 Leeds Road			101. ZIP CODE 2192]			U.S.		COUNTRY?		
ВУ	11. MARITAL STATUS 12 1 ☐ Never Married 2 ☐ Married 3 1 ☐ Widowed 4 ☐ Divorced	2. WAS DECEDENT EVER IN U.S. ARI FORCES? 1 YES 2 X N IF YES, GIVE WAR OR DATES		WAS DECENDENT OF If yes, specify Cuban 1 ☐ YES 2 ☑ NO			or No — 14.	RACE — Ar Black, Whi Specify: W	merican Indian, le, atc.		
COMPLETED	15. DECEDENT'S EDUCATI (Specify only highest grade com Elamentary/Secondary (0-12) O	npleted) (Gi College (1-4 or 5 +)	Do NOT use retired.)	during most of working			SINESS/INDUST				
N N	17. FATHER'S NAME (First, Middle, Last)	5	anitaria		ER'S NAME (First,		e Manu	ilact	arring		
BE CC	Thomas Ander				Ama	nda Du	gger				
0	John B. Dugger		1168 Lee	S (Street and Number of		on, MI					
				ame of cemetery, creme			CATION — City		tata		
20e. METHOD OF DISPOSITION June 24, 1991 1M Burlel 2 Cremation 3 L Removal from State 4 Donetion 6 Other (Specify) 20th Place OF DISPOSITION (Name of cemeter); crematory or other place) Silpin Manor Memorial Park Elkton, Maryl											
Shall have seen	21. SIGNATURE OF FUNERAL SERVICE LICENS	SEE & 21	il "	HICKS HOLD Bow and S Elkton.	Stockton	Stree		۸.			
	23. PART I. Enter the disease, or comshock, or heart fellure. List	nplications that caused the de it only one cause on each line					retory errest	, [Approximata Interval Between		
	iMMEDIATE CAUSE (Final disease or condition resulting in death)										
	DUE TO (OR AS A CONSEQUENCE OF):										
ATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEC	QUENCE OF):								
2	PART II. Other eignificant conditions of	contributing to death but not u	resulting in the u	inderfylng cause o	iven in Part i	24n WAS AN	ALTTORSY	245 WEB	E AUTOPSY FINOINGS		
PHYSICIAN: MEDICAL						PERFO	RMED?	COM OF E	LABLE PRIOR TO PLETION DF CAUSE DEATH?		
. W				_				1	YES 2 NO		
SIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ATH (Check only o	ne)					
SIC		OSPITAL: Inpatient 2 ER/Outpatient 3	DOA 4 DA	R: Instruction of Research	sidence 6 🗆 Othe	er (Specify)					
ВУ РН	27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME OF INJURY M	28c. INJURY AT WORK?	75000 80	SCRIBE HOW	NJURY OCCUR	ED			
	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm, street, fa	ctory, office	26f. LOC City	CATION (Street or Town, State)	and Number or	Rural Route	Number,		
COMPLETED	onel	N: To the best of my knowledge, de							menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	41			NSE NUMBER		29d. DATE S				
P So, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Fore Print)											

223 West Main Street

32. REGISTRAR'S SIGNATURE Julia Davidson-Pandall Elkton, MD

21921

DHMH-16 Rev 1/89

12:00

BIRTHPLACE (State or Foreign Country)

10d. INSIDE CITY LIMITS?

1 X YES 2 | NO

Maryland

YEAR

9c. COUNTY OF DEATH

Prince Georges

1991

2. DATE OF DEATH MONTH DAY

7. DATE OF BIRTH (Month, Day, Year)

JUNE 13,

3/22/12

10a. STATE

Md.

DIRECTOR

1. 2,

MARY ELIZABETH

4. SOCIAL SECURITY NUMBER

Se. FACILITY NAME (If not institution, give street end number)

5014 Apache Street

216-40-8696

MONTHS

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR IF UNDER 24 HRS

College Park

HOURA

9b. CITY, TOWN OR LOCATION OF DEATH

DAYS

College Park

DODSON

6. AGE (In yrs. last birthday)

79

6. SEX

Prince Georges

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1 M 2 X F

must be notified at

medical examiner

	LITIIC	Le Georges		OTTERE	raik			1.2	TES Z NO			
A	10e. STREET AND NUMBER			10	of, ZIP CODE		10g. CITIZE	N OF WHAT	COUNTRY?			
E	5014 Apacha St				20740		Т	S.A				
BY FUNERAL	5014 Apache St 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR I	2 🖳 NO	If yes, s				Black, W	American Indien.			
G	15. DECEDENT'S EDU	CATION	16a. DECEDENT'S	USUAL OCCUPAT	ION	16b. KIND OF BU	SINESS/INDU					
COMPLETED	(Specify only highest grade Elementery/Secondery (0-12) 8th	College (1-4 or 5 +)	(Give kind of w		ost of working	own 1	nome					
BE COI	17. FATHER'S NAME (First, Middle, Last) William Jeff	ries				NE (First, Middle, Maiden nnie Akers						
TO B	190. INFORMANT'S NAME (Type/Print) Elizabeth Price					oute Number, City or Tow eenbelt, N						
	20a. METHOD OF DI POSITION 1 [XBurlel 2 Commetten 3 4 Donation 5 Other (Specify)	loyal from State	coln Cer	netery	Bre	ntwoo	d, Md					
	22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home 4739 Baltimore Avenue Hyattsville											
	23. PART I. Enter the disease, or shipsk, or heert fellura. IMMEDIATE CAUSE (Finsi disease or condition resulting in death)	List only ons cause on	eech lina.				retory arres	it,	Approximats Interval Between Onset and Dasth			
CERTIFICATION	Sequentially list conditions, if any, isading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury											
	that initiated events resulting in death) LAST d.											
BY PHYSICIAN: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 760 1 1											
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	tpatient 3 DOA	OTHER:	PLACE OF DEATH (Che							
3Y PHY	27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year)		E OF 28c. IN	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	NJURY OCCU	RED				
	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, atc. (Sp.	Y — At home, ferm, s ecify)	treet, factory, off	ice	261, LOCATION (Street City or Town, State)	end Number of	Runal Route	Number,			
COMPLETED	1	ICIAN: To the best of my known ER: On the basis of examination							d manner ee stated.			
) BE C	29b. SIGNATURE AND TITLE OF CERTIFIE	ute, or			29c. LICENSE NUM			SIGNED (Mo	onth, Day, Year)			

115 Centerway

greenbett, ord 20770

DALLIMONE, MARITAND	nours after death. Page 6 may be retained by the hos	ed in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, T.C. BOX 13148,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos-	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	TATE OF MARYLA		TMENT OF H			YGIENI	Ů.	7 1	10	10	
	1. DECEOENT'S NAME (First, Middle, Last)					2. DATE OF	DEATH	we.		TIME OF DE	ATN	
	Guv Bennett Dule	2V				MONTH 06/	07/91	Y YE	AR	5:50	Р.	м
	1	SEX 6. AGE (In	yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month, D	BIRTH ev Meet	6. E	IRTNPL ountry)	ACE (State or		
	215-38-4050	∑ M 2 □ F	83 YRS.	MONTHS DAYS	HOURS MIH.	April				land		
1	Da. FACILITY NAME (If not institution, give street a	and number)			R LOCATION OF DE	ATH		9c. COUNTY				
5	8505 Croom Road			Upper 1	Marlboro			Princ	e G	eorge'	S	
DIRECTO	10a. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCAT	ION				10	d. INSIDE CIT	ГҮ	
8	Maryland Prince	George's	IIr	per Mar	Iboro				1	LIMITS?	NO NO	
	100. STREET AND NUMBER	ocorge b	1 01	-	. ZIP CODE			10g. CITIZEN	OF WH	AT COUNTRY?		
FUNERAL	8505 Croom Road				20772			United	St	ates		
5	11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No— 14. RAI 14. Navy Maridad 2.77 Maridad 17. Novy Maridad 19. N										dlan,	
BY		IF YES, GIVE WAR OR DAT			NO Specify		,,	1	Specify:			
- 4	15. DECEDENT'S EDUCATION	ON I	16a DECEDENT'S	USUAL OCCUPATION	ON .	T 16b Kil	ND OF BUS	INESS/INDUST		casiar	1	-
	(Specify only highest grade comp	olieted)	(Give kind of v	vork done during mo ne retired.)	st of working	1000 (41						
립	9		Far	mer		F	armir	ια				
COMPLETED	17, FATNER'S NAME (First, Middle, Last)				18. MOTNER'S NA							
BEC	William Cornelius	Duley			Alice	Regin	a Rid	laeway				
2	19a. INFORMANT'S NAME (Type/Print)				and Number or Rural F				,			
-	Althea Duley				., Upper	Marlb	_					_
	20a, METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramoval	from State	other place)		netery, crematory or			CATION — City			3	
	4 Donation 5 Other (Specify) Cedar Hill Cemetery Suitland, 21. SIGNATURE OF PUREFAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY											\dashv
	1/2/	CAX										
	J. Jackon	plus			4					1 4		
	23. PART i Enter the diseases, pr comp shock, pr heart fallure. List	only one cause on as	tha daath. Do i ich iina.	ot antar tha mo	da or dying, auci	n aa cardiad	c or reap	ratory arreat,		Approxi	Batwee	
	IMMEDIATE CAUSE (Final disease or condition	Codin		2000	1					Onset a	nd Daw	un
ŀ	pue to (or as a consequence of):									1 3 M	rcu.	2
_	- Albert Orsease									134	lar	0
일	Sequentially llat conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):											
<u>১</u>	cause. Entar UNDERLYING CAUSE (Disease or injury									-		_
ᄩ	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):						i		
CERTIFICATION	d									+		
AL	PART ii. Other aignificant conditions co	ontributing to death bu	ut not resulting	in the underlyin	g causa given in	Part i. 24	e. WAS AN			VERE AUTOPSY		8
음					<u> </u>	_ 1	YES 2	NO		OMPLETION OF DEATH?	F CAUSE	
¥						_			1	YES 2	NO	
ÿ												
PHYSICIAN: MEDIC		OSPITAL:		OTHER:	LACE OF DEATN (Ch	, , ,						
₹ ¥	1 YES 2 NO 1	Inpatient 2 ER/Outp	itlent 3 DOA		10RY AT			NJURY OCCUR	ED			_
	1 Natural 5 Pending	(Month, Day, Year)			ORK?	260. DESCR	HIBE HOW I	NJUNY OCCUN	ED			
B	2 Accident Investigation 3 Suicide & Could not be	28e. PLACE OF INJURY	At home, farm,			28f, LOCATI	ON (Street a	and Number or F	Burel Rou	ute Number,		-
日	4 Homicide 6 Could not be detarmined	building, etc. (Speci	ffy)			City or	Town, State)					
9	29a. CERTIFIER 1 CERTIFYING PNYSICIAN	i: To the beat of my knowl	edge, death occurr	ed at the time, date	and place, and due	to the cause	(a) and mar	ner as stated.	•			
COMPLET	(Check only one) 2 MEOICAL EXAMINER: O	_							iuse(a) t	and menner a	stated.	
										Month, Day, Ye	ne)	_
) BE	100 8 VO	1 Day	1.15.		D16324			110	40	27,19	91	
٩	on NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE OF DEA ,Md.,Univer	sity of	Md. sch	ool of Me	edicin	e,Bal	Ltimore	,Md	.2120	L	
	31. DATE FILED (Month, Dex. Year)	32. REGISTRAR'S SIGN	ATURE									

TO BE COMPLETED BY FUNERAL DIRECTO

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-tr be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DECEDENT'S NAME (First, I	Middle, Last)				Dixo		DEATH	2. DATE	REG. NO		3. TIME OF DEATH
DOROTHY		Beatric	9		DTXC	110		06	0		
OCIAL SECURITY NUMBE	A	5. SEX	6. AGE (In)	rs. last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE	OF BIRTH		BIRTHPLACE (State or Foreign Country)
11-16-9120		1 🗆 M 2 📈	70	YRS.				Jur		.921 Mi	nnesota
FACILITY NAME (If not ins							LOCATION OF	DEATH		9c. COUNTY	
NIVERSIT	Y HOS	SPITAL			BA	LTI	MORE			BAL	TIMORE
state ryland	Princ	ce George	e's		r, rown or Cempl					9	10d. INSIDE CITY LIMITS? 1 YES 2 NO
STREET AND NUMBER						10f. Z	IP CODE			10g. CITIZEN	OF WHAT COUNTRY?
5920 John .	Adams		T EVER MILL	C ADMED	1 40 14	1	207		10 m - 14 W		S.A.
Never Married 2 XX		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V			H	yes, speci	IDENT OF HISP. Ify Cuber, Mexic NO Spec	can, Puerto		L	RACE — American Indien, Black, White, etc. Specify: LUCASIAN
	DENT'S EDUC		16	Se. DECEDENT'S	USUAL OC	CUPATION	ot working	16	b. KINO OF BU	SINESS/INDUST	TRY
lementary/Secondary (0-		College (1-4 or 5		(Give kind of v							School
12th	Idla 1 == 11	3	F	ounder/	Dire	- v					en Christian
	nard H	Hoidale						e Syb	ilrud		
James G.		ı, Jr.		19b. MAILING Same				I Route Nun	nber, City or Tow	m, State, Zip Co	de)
METHOD OF DISPOSITION	ON 3 - Remo		of cen	LACE AND DATE	or other pla	ace)		DA			or Town, State
Donation 5 Other		ENOSE /	115	mésburo			ADDRESS OF I	ACILITY -	91 MIC	hita	Kansas
1//	11	1/1/1									me, Inc. Clinton, Md 20
equantially list conditions, is adding to immediate. Enter UNDERLY! AUSE (Disease or Injuret inflated events existed to the state)	iata IG y	DUE TO	(OR AS A C	ONSEQUENCE OF	F):						
auiting in death) LAST		d									
ART II. Other elgnificer	t condition	s contributing to	death but	not reaulting	in tha und	derlying	cause given i	n Part i.	24a. WAS AF PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
								_	INSPE	CTUN	
WAS CASE REFERRED TO EXAMINER?	MEOICAL	HOSPITAL:					CE OF DEATH	Check only o	one)		
14 YES 2 NO		1 Inpatient 2				ing Home	5 - Residenc	_			1-0-1
	Pendina	26e. DATE O	9/19	26b. TIM	URY	28c. INJUR	K?	28d. O	SCRIBE HOW	INJURY OCCUP	AUTO
				914:2		1 TYE	S 2 NO	Passe	nger	IN AU	TO/ IMPACT
Netural 5 5 5 Accident	nvestigation	284 DI AAF 4	- INJUNT -)			7			and Number of	
Netural 5 5 5 Accident 6 6	Could not be	28e. PLACE (building	, etc. (Specify	TIRITC.				()E	DOLLT	7 4100	
Netural 5 5 5 Accident 6 0 Homicide 6 0	Could not be latermined	building	F	UBLIC							B CLARKSVIL
Netural 5 5 6 6 C Accident 6 C C CERTIFIER 1 CERTIF	Could not be latermined	building	f my knowled	ige, death occurr	ed at the 18	me, date a	nd place, and d	ue to the c	euse(e) end ma	nner as stated.	MARYLAND
Netural 5 9 1	Could not be latermined	building	f my knowled	ige, death occurr	ed at the 18	me, date a	ith occured at t	us to the c he time, de	euse(e) end ma	onner as stated. nd due to the c	MARYLAND seuse(e) and manner se stated.
Neturel 5 9 9 Accident 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Could not be latermined FYING PHYSIC CAL EXAMINE	CIAN: To the best of	f my knowled	ige, death occurr and/or investigation	ed at the 10	me, date a	ith occured at t	us to the c he time, de	euse(e) end ma	onner as stated. nd due to the c	MARYLAND
2 Accident 3 Suicide 6 6 4 Hemicide 298. CERTIFIER 1 CERTIFIER (Check only one) 2 MEDIC 298. SIGNATURE AND TITLE	Could not be latermined FYING PHYSIC CAL EXAMINE	CIAN: To the best of R: On the basis of COMPLETED CAL	f my knowled	ige, death occurrend/or investigation	ed at the 10	me, date a	oth occured at the control of the co	te to the content to the sime of the content to the	euse(e) end ma	nner as stated. nd due to the c	MARYLAND susce(e) and manner ee state

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		permit.
BALTIMORE, MARYLAND 21203-3146	cate be executed within 24 yours after death. Page 6 may be retained by the hospital or attending physician.	hysician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, s prior to burial, cremation, or removal.
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BALTIMORE, MARYLAND	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 You's after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 72 hours after death with the State Debt, of Health and Mental Hydiene prior to burial, cremation, or removal.	IMPORTANT; If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
Ø	executed within 2+ hours after	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the its find within 72 hours after death with the State Deat, of Health and Mental Hydiene prior to burial, cremation, or removal.	or other traumatic event, the medical examine	
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	the death certificate be e	the attending physician Mental Hygiene prior to	Injury, or other traun	
TAL RECORD	The law requires that	ate has been signed by tate Deot. of Health and	tem 23 shows any	
ISION OF VI	ATTENDING PHYSICIAN:	CTOR: After this certific after death with the Si	28 Is marked, or I	
NIG	IN THE HOSPITAL DR.	TO THE FUNERAL DIRE	IMPORTANT: If Item	

	REGISTRAR		CE	- NIII	CALE	OF	DEAL	П	F	IEG. NO.			
	MONTH DAY YEAR										3. TIME OF DEATH		
	William B. Dru										991		/ St PH
75	4. SOCIAL SECURITY NUMBER	5. SEX		AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 H				7. DATE OF I (Month, De	w West		Country		
	577-09-9367	1 🔀 M 2 🗌 F	88										ington, D.C.
m)	9a. FACILITY NAME (If not institution, give st				9b. CITY, TOWN OR LOCATION OF DEATH							NTY OF DI	
DIRECTOR	311 Kerby Parkway	У			Ft.	Was	hing	ton			Prince Georges		
E C	10a. STATE 10b. COUNTY	10c. CIT	ETY, TOWN OR LOCATION								10d, INSIDE CITY		
뜸	Maryland Prince	Georges	3	Ft.	Wash	ing	ton						LIMITS?
7	10e. STREET AND NUMBER			Ft. Washington						10g. CITIZEN OF WHAT COU			11.15
FUNERAL	311 Kerby Parkway	1				2	0745		U.S.A			Α.	
S	11, MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. AR			WAS DEC	ENDENT C		IIC ORIGIN? (9			14. RACE	— American Indian,
	1 Never Married 2 Married	IF YES, GIVE V	☐ YES 2X☐N WAR OR DATES	10			ecity Cubs		n, Puerto Rica /:	n, etc.)		Specif	t, White, etc.
BY	3 🖾 Widowed 4 🗌 Divorced												white
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade		16a. DE	CEDENT'S	USUAL OC work done d se retired.)	CUPATION TO THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	ON ost of workli	ng	16b. Kif	ND OF BUS	SINESS/IND	USTRY	
9	Elementary/Secondary (0-12)	+)						7.7		TT .			
MP	/		eciini	ician						Unio	on		
8	17. FATHER'S NAME (First, Middle, Last)							ME (First, Midd		Surname)			
BE	William C. Drury	<u> </u>	400	- MARINO	4000000	/Ctm et			Barna Route Number		Davis 71	Ondel	
2	William C. Drury										n, State, Zip) C000)	
	20a. METHOD OF DISPOSITION		20b, PLACE						D. 20		CATION —	Clay or To	was State
	1 Burial 2 Cremation 3 Rem 4 Donation 6 Other (Specify)	oval from Stay	other pl	ace)			,,					-	
	21. SIGNATURE OF FUNERAL SERVICE LIC		Metro	ротт			ator		11/91	ATE.			
	R	y Y	1 . /	1						_	4308	3 Sui	itland Rd.
	23. PART I. Enter the diseases, or	4.1	ello	el	Ro	ber	t E.	Wil	helm,	Inc.	Suit	tland	1, MD. 20746
CERTIFICATION	IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Judicia Cardina Death Due To (OR AS A CONSEQUENCE OF): b. Hy per Sunsia Culture Starting Culture Starting Consequence OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF): Due To (OR AS A CONSEQUENCE OF):												
ERI	resulting in deeth) LAST	d											
	PART II. Other significant condition	a contributing to	death but not i	reaulting	In the un	derivir	Q cause	given in	Part I. 24	a, WAS AN	AUTOPSY	240	. WERE AUTOPSY FINDINGS
: MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. Organic Asser Agreement								1	PERFOR			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF (DEATH (C)	neck only one)				
SIC	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpetient 3	DOA	OTHER 4 Num		100	eeldence	6 Other (S	neciful.			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE O		28b. TIN		28c. IN	JURY AT ORK?] NO	28d. DESCR		NJURY OC	CURED	
	3 Suicide 6 Could not be 4 Homicide datarmined	26e. PLACE (building	OF INJURY — At he, atc. (Specify)	ome, farm,	street, fact	ory, offi	ce			ON (Street Town, State)		er or Rural i	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of											a) and menner as stated,
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE france Culture	ohy un					29c. LIC	ENSE NU	MBER		29d. DAT	6/11	(Month, Day, Year)
-	30. NAME AND ADDRESS OF PERSON WITH LINDS Whith 31. DATE FILED (Month, Day, Year)	- NO	9527 (1	MIN	H	y	Up.	ner	marl	bere,	MO	20-	72
	JIN 1 1 'Q1	Sz. HEURSTA	AR'S SIGNATURE	- Rand	Less								

	4. SOCIAL SECURITY NUMBER 2352216	5. SEX 6. AGE	(In yrs. last birthday)	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Country)
RECTOR		County County	6 cm./fc5	CO/4	N LOCATION OF DEAT	Maryla	9c. COUNTY	Y OF DEATH HOEN 2.0 10d. INSIDE CIT LIMITS?
ERAL DIR	10e. STREET AND NUMBER 322 3th Street	Apt. T-2	rgs L		zip cg/DE 20707	zry las	10g. CITIZE	1 X X YES 2 N OF WHAT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2 (MO	If yes, spe	ENDENT OF HISPANIC city Cuben, Mexicon, 2 1, NO Specify:		e or No 14	RACE — American Ind Black, White, etc. Specify:
ETED	15. DECEDENT'S (Specify only highest	grade completed)	16e. DECEDENT'S USL (Give kind of work life. Do NOT use re	done during mos		16b. KIND OF BU	SINESS/INDUS	STRY
14	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Office 3a	nager		Nd Den	tal La	b.
i iii	17. FATHER'S NAME (First, Middle, La Charles Herritt	st)				e (First, Middle, Meider ne Simmo		
TO B	190. INFORMANT'S NAME (Type/Print Keith Drumi:10nd)			Laurel,	ute Number, City or Tox	vn, State, Zip Co	-
	29a METHOD OF DISPOSITION 1/L/Buriel 2 Cremation 3 4 Donation 6 Other (Specify	Removal from State	ob. PLACE OF DISPOSITION Office place) Loudon Park	N (Nome of com	etery, cremetory or ery	1000		e, Harylan
	21. SIGNATURE OF FUNERAL SERVI	De re Condo	/	22. NAME AN	D ADDRESS OF FACI	Fleck F	uneral	Home, Inc 30 20707
	23. PART I Enter the disease shock, or heart far IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Due to (or As	A CONSEQUENCE OF):		_			tt, Approxit
SATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Arteri DUE TO (OR AS C. Recur DUE TO (OR AS	A CONSEQUENCE OF):	rte	etions			
AN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con Rene / i A J Aire 25. WAS CASE REFERRED, TO MEDI	d. dilitions contributing to death sufficuse Rhicular vascular	but not resulting in t	ha undariying		art I. 24a. WAS AI PERFO	N AUTOPSY PRMED?	24b. WERE AUTOPSY AMALABLE PRIO COMPLETION OF OF DEATH? 1 YES 2
HYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con PART II. Other significant con Leve / 'A Solution of June 25. Was Case Referred to Medicate Caraminer? 1 Yes 2 (D'No 27. Manner of Death	ditions contributing to death Is a fficuse 2R ficular V 25 cular HOSPITAL: 1 V Inpatient 2 ER/On 28a. DATE OF INJUR	but not resulting in the second of the secon	26. PL THER: Nursing Home F 28c. INJU	Cause given in P	art I. 24a. WAS AI PERFO	N AUTOPSY PRMED? 2 FMO	AMALABLE PRIO COMPLETION OF OF DEATH? 1 YES 2
TED BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con PART II. Other significant con Leve / 'A Significant con 25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 (1) NO	d. d. dilitiona contributing to death sufficus c R ficus c R	but not resulting in t Apscess Alseese utpettent 3 DOA 4 28b. TIME 0 inJury RY — At home, farm, atree	26. PL THER: Nursing Home F Y M 1 Y	ACE OF DEATH (Chece 5 Green Review AT RK?	art I. 24a. WAS AI PERFO 1 YES k only one)	N AUTOPSY PRMED? 2 NO INJURY OCCU	AMALABLE PRIO COMPLETION OF OF DEATH? 1 YES 2
D BY PHYSICIAN: MEDICAL CERTIFICATION	If any, leading to immediate cause. Entar UNDERLYING CAUSE. (Disease or injury that initiated events resulting in death) LAST PART II. Other significant con Leve / 'A Solitory of Death 1 Ves 2 (PNO 27. MANNED OF DEATH 1 Natural 6 Pendin Investig 29 Accident 3 Suicide 6 Could determine the country of	d. d. dilitiona contributing to death sufficus c R ficus c R	but not resulting in the but not resulting in	26. PL THER: Nursing Home F 28c. INJI WOI 1	ACE OF DEATH (Chec	art I. 24a. WAS AI PERFO 1 YES Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State on the cause(a) and many control of the cause(a) and many control of the cause(a) and many captures.	N AUTOPSY RMED? 2 NO INJURY OCCU and Number or 9)	AMALABLE PRIO COMPLETION OF DEATH? 1 YES 2 PRED PRED PRED 1.

TO BE COMPLETED BY FUNERAL DIRECT

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TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

MARIO

GOLLE

Day. '91 MD

32. REGISTRAR'S SIGNATURE
Julia Davidson Randale

**RECORDITY NAME OF ALL AGE (by ys. bit Markholy) Facetor 120A	91-3029-03 FOR STATE	3	STATE OF N	MARYLAND) / DEPAF	RTMENT O	F HEALTH AN	D MENT	AL HYGII	ENE	91	18	131
David L. Security Numbers 1. Set 2 F. AGE (by yr. Interduct) 1. Set 2 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 3 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 5 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 6 F. AGE (by yr. Interduct) 1. Set 7 F. AGE (by yr. Interduct) 1. Set 7 F. AGE (by yr. Interduct) 1. Set 7 F. AGE (by yr. Interduct) 1. Set 7 F. AGE (by yr. Interduct) 1. Set 7 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. Set 8 F. AGE (by yr. Interduct) 1. S	REGISTRAR	At delle de la			CERTIF	ICATE (OF DEATH						
4. SOCIAL SECURITY HOMSEN 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 5. SEX 6.		Alddie, Last)		Deed				MON	TH	DAY			Рм
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** RACIUTY MAME (I'M challed by particle of control of	78_88_3900		1 🔀 M 2 🗌 F	2	77 YRS.			v. (Mo	nth, Day, Year,)	Country	y)	
Security Security		itution, give st	reet and number)	-		9b. CITY, TO	WN OR LOCATION O						11, 1
No. COUNTY See. ADDRESS See. A	Prince Ge	orges	Hospita	1		Che	verly			Princ	ce G	eorges	
WASHINGTON, D.C. Comparison					100 00								FV
State Stat	W. STATE	100. 000111			100.01	II, IOWN ON L	WASHING	ION, 1	D.C.			VLIMITS?	
SAPATT Entire the diseases, or complications that caused the death. Do not entar the mode of dying, such as cardiac or respiratory arrest, and carding for the subdivide season or conditions.	De. STREET AND NUMBER				_		10f. ZIP COOE	2010					
Security Part Par		PLACI	E, S.E.				21	3010			0.5	·A•	
Continue Continue	Wester Married 2 M		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. YES 25 WAR OR DATES	ARMED	If ye	s, specify Cuban, Me	xican, Puert			Black	, White, etc.	
Securities Sec	15. DECEI	DENT'S EDUC	CATION	16a.	OECEOENT'S	USUAL OCCU	PATION	1	8b. KIND OF	BUSINESS/INDU	JSTRY		
TAPTERTS NAME (First, Modes, Last) 18. MOTHER'S NAME (First, Modes, Last) 18. MOTHER'S NAME (First, Modes, Last) 180. MARLING ADDRESS (Street and Number or Parall Placets Number City or Town, State, Zip Code) 2301 H STREET, N.E. #132 WASHINGTON, D.C. 2001. 2301 H STREET, N.E. #132 WA				+)			ng most of working		NT	/^			
DAVID L. SMITH Se. INFORMAT'S NAME (Type-Print) 19b. MALLING ADDRESS (Sines and Number or Party Paulin Number. Oth or Born. Sines, 2p. Code) 20b. MALLING ADDRESS (Sines and Number or Party Paulin Number. Oth or Born. Sines, 2p. Code) 20b. MALLING ADDRESS (Sines and Number or Party Paulin Number. Oth or Born. Sines, 2p. Code) 20b. MALLING ADDRESS (Sines and Number or Party Paulin Number. Oth or Born. Sines, 2p. Code) 20b. MALLING ADDRESS (Sines and Number or Party Paulin Number. Oth or Born. Sines, 2p. Code) 20b. MALCE AND GATE Of GISPOSITION, Number of Compression, 10b. Code of Code, 2p. Code					OINCIPIE	TOIED			IN	'A			
Security Security	DAVID L. SI	MITH					18. MOTHER'S	RGIA]	, Middle, Mail DUNN	den Sumame) .			
Due to (or as a consequence of): Superior Part	MISS GEORGIA	A DUNI	N (MOTHE	R)	19b. MAILING 2301	G ADDRESS (SI H STRE	ET, N.E.	#132	WASH	Town, State, Zipo (D.(C. 2001	.0
ASPART I. Enter the diseases, or complications that caused the death. Do not enter that mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List offly one cause on each line. MMEDIATE CAUSE (Final issaes or condition acounting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR A	Buriel 2 Cremetion Donation 5 Other (3 🗆 Remi				y or other place FMORIA	L PARK	6/:	12/91	LANDOV			ND
AMEDIATE CAUSE (Final disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or condition and disease or conditions. Interval in the disease or condition and disease or conditions are suiting in death) Due to (or as a consequence of): Due to (or as a consequence of	SGHATURE OF FUNERAL	DERVICE LIC	sel	2							D.(c. 200	19
DUE TO (OR AS A CONSEQUENCE OF): DUE TO	ahock, or her MMEDIATE CAUSE (Fina	art fallure.	List only one car	use on each	lina.			such aa ca	ardiac or re	apiratory arre	ont,	Intarval	mata Between nd Death
ART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death of part II. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions cause given in Part I. PART II. Other algnificant conditions cause given in Part I. PART II. Other algnificant conditions cause given in Part I. PART II. Other algnificant conditions cause given in Part I. PART II. Other algnificant conditions cause given in Part I. PART II. Other algnificant conditions cause given in Part I. PART II. Other algnificant conditions caus		*					CHESI						
DUE TO (OR AS A CONSEQUENCE OF): d	f any, leading to immed	ate	b. DUE TO	(OR AS A CON	SEQUENCE O	OF):							
AMAILABLE PRIOD AMAILABLE PRIOD OF DEATH? YES 2 NO NO F DEATH? NO F DEATH I netural 5 Pending Investigation 3:51PM 1 YES 2 NO Subject shot 28. PLACE OF OEATH (Check only one) 28. OATE OF INJURY (Mordth, Dey, Year) 3:51PM 1 YES 2 NO Subject shot 28. PLACE OF NUMBY AT WORK? 1 Netural 5 Pending Investigation 3:51PM 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT WORK? Of DEATH 1 Netural 5 Pending Investigation 3:51PM 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? OF DEATH 1 YES 2 NO Subject shot 28. PLACE OF INJURY AT NORK? ON STREET 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and piece, and due to the cause(s) and manner as	that initiated events		DUE TO	(OR AS A CON	ISEOUENCE (OF):							
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1\(\text{DYES 2}\) NO Therefore the property of	PART II. Other algnifican	t condition	a contributing to	death but n	ot resulting	In the unde	rlying cause give	n in Part I.	PER	FORMED?	24b.	AVAILABLE PRIC	OR TO
EXAMINER? 1 VES 2 NO HOSPITAL: Inpatient X ER/Outpetient 3 DOA A Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF DEATH Natural 5 Pending Investigation Suicide A Could not be determined Suicide A Could not be determined Published Suicide A Could not be determined Check only One) 9. CERTIFIER Check only One) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. On the state of Other (Specify) Suicide Could not be determined Check only One) MEDICAL EXAMINER: On the bests of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as									1 X YE	8 2 NO) NO
EXAMINER? 1\(\text{YES 2} \) NO HOSPITAL: 1 Inpetient 2\(\text{DER/Outpetient 3} \) DOA OTHER: 1 Inpetient 2\(\text{DER/Outpetient 3} \) DOA A Nursing Home 5 Residence 6 Other (Specify) 7. MANNER OF DEATH 1 Natural 1 Natural 2 Accident 5 Pending Investigation 3 Suicide 3 Could not be determined Office Suicide 3 Suicide 3 Could not be determined Office Suicide 3 Could not be determined Office Suicide 3 Could not be determined Office Suicide 3 Could not be determined Office Suicide 3 Could not be determined Office Suicide 3 Could not be determined Office Suicide 3 Could not be determined Office Suicide 3 Suicide 3 Could not be determined Office Suicide 3 Suicide		MEDICAL					26. PLACE OF GEATH	Check anti-	one)			_	
MANNER OF DEATH Netural Sulcider Accident Sulcider Sulc			HOSPITAL:	ER/Outpatien	n 3 🗆 DOA	OTHER:							
Natural			28s. OATE O	FINJURY	28b. TII	ME OF 28	c. INJURY AT	-		W INJURY OCC	URED		
3 Suicide 4 Homicide a Could not be determined									uhiec	t shot			
determined On street 1200 blk. Benning Road On Street Check only one) Description one) MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the besis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as	3 Suicide 8 C		28e. PLACE	OF INJURY - A			, office	28f, L	OCATION (St	eet and Number	or Rural F	Route Number	
Be. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as					t						ing	Road	
	(Check only							due to the	cause(s) and	manner as state	ıd.		s stated.
950 SIGNATURE AND TITLE OF CENTRER 29d. DATE SIGNED (Month, Day, Yea				7									

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O.C.M.E

Penn Street, Baltimore Maryland 21201

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A	The
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	SPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24
ON	PNDING
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	a
	CPITAL

		FOR STATE REGISTRAR
	DIRECTOR	1. DECEDENT'S NAME (First, Middle, Las FIRST HABE 4. SOCIAL SECURITY NUMBER B. B. 12 6262 90. FACILITY NAME (If not institution, give RESIDENCE OF DECEDENT 100. STATE 100. COUNTY 100. P. 100. COUNTY 100. C. A. 100. COUNTY 100. C. A. 100. COUNTY 100. C. A. 100. COUNTY 100. C. A. 100. COUNTY 100. C. A. 100.
AND 21215-0020 the hospital or attending physician. detached for use as the burial-transit permit	TO BE COMPLETED BY FUNERAL DIRECTOR	10e. STREET AND NUMBER 437
MARY! retained by 5 should be notified at	TO BE COMP	17. FATHER'S NAME (First, Middle, Last) 199. INFORMANT'S NAME (Type/Print) ARCT DELA C. 209. METHOD OF DISPOSITION 1 ET Burlal 2 Cremetion 3 R4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE
BAL. itinin 24 nours after death eeely filled in by the fune emation, or removal. nt, the medical exam		23. PART I. Enter the diseases, o shock, or heart failur immediate CAUSE (Finel disease or condition resulting in death)
	DICAL CERTIFICATION	Sequentisily list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions are supported by the conditions of
DIVISION OF VITAL RECOR TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that TO THE FUNERAL DIRECTOR: After this certificate has been signed be fied within 72 hours after death with the State Dept. of Health at IMPORTANT: If 16em 28 is marked, or 11em 23 shows any	TO BE COMPLETED BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending Investigation 3 Suicide 6 Could not 1 4 Homicide
DIV TO THE HOSPITAL OR A TO THE FUNERAL DIREC DE RIGE WITHIN TO HOURS IMPORTANT: If HOM	TO BE COMPLE	290. CERTIFIER (Check only one) 2 MEDICAL EXAM 296. SIGNATURE AND TITLE OF CERTIFIED OF MEDICAL EXAM 30. NAME AND ADDRESS OF PERSON

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR		CERTIFIC	ATE OF	DEATH	REG. NO).	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		3. TIME OF DEATH
FITABET	TH P.CESSI	ER DEL	DaRA	NGE	MONTH		5:30 PM
4. SOCIAL SECURITY NUMBER		1/2 - 1/4	F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.8	BIRTHPLACE (State or Foreign
268-12-6262	1 M 2 F 9	S Y YAS.	ONTHS DAYS	HOURS MIN.	(Month, Day, Year)	902	W. BAKUTA
90. FACILITY NAME (If not institution, give a BON-SECOUS SECOUS SECONS S				OF LOCATION OF DE		9c. COUNTY	WARD
10e. STATE 10b. COUNT			TOWN OR LOCAT	TION	/		10d, INSIDE CITY
	REOLL		T. A1.	RY			1 YES 2 NO
437W.WA	TEPSVILLE	Rd	101	2177	7/	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	2 NO	If yes, sp	ENDENT OF HISPAN ecity Cuban, Mexice 2 NO Specifi	NIC ORIGIN? (Specify Yon, Puerto Rican, etc.) y:	99 or No— 14.	RACE — American Indian, Black, White, atc. Specify:
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S US	NAL OCCUPATION OF THE PROPERTY	ON ost of working	16b. KIND OF B	USINESS/INDUST	TRY
Elementary/Secondary (0-12)	College (1-4 or 5+) 2 YES	Ilfe. Do NOT use i	etirod.) RETA	- 11	PRIVA	TE O	FFICE
17. FATHER'S NAME (First, Middle, Last) DANJEZ POL	ESSLER				AME (First, Middle, Melde ABETH		INCER.
ART DELAGE	ANCE			TERVIC	Houte Number, City or To LE Ed., M	T. AIRY	MD. 21771
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	ob. PLACE AND DATE Officemetary, crematory or		I (Name ALPACK	DATE 20c. L	OCATION - CHY	or Town, State 24134
21. SIGNATURE OF FUNERAL SERVICE LI		211.0112.10.10	r UWWI	ND ADDRESS OF FA	CILITY	PRIDE	2.7011
	Haight		HAIS	HT F.H	Box 19	5 Syle	50149 M)
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Metal	asch ilna. Latta A CONSEQUENCE OF:	lolo	n Co	nu	piratory arrest	Approximate Interval Between Onset and Dasth
Sequentially list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Λ.	A CONSEQUENCE OF):	Hay	A F	alue		
PART II. Other significant condition	na contributing to deeth	but not resulting in	the underlyin	g ceuse given in	Part I. 24a. WAS A	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO
					1 YES		COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?				LACE OF DEATH (C)	heck only one)		
1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/O		OTHER:	ne 5 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATH Natural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year		RY W	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	/ INJURY OCCUR	ED
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJUI building, etc. (S)	RY — At home, ferm, str pec/ly)	eet, factory, offic	De .	26f. LOCATION (Street City or Town, State	et end Number or i te)	Bural Route Number,
enel.	BCIAN: To the best of my kno						euse(a) end manner se stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	Sealin	2		29c. LICENSE NU	MBER 2 ()	29d. DATE SI	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF		FLC	1.44	ol n. 1	Er, M	p 21043
31. DATE FILED (Month, Day, Year)	32 REGISTRAR'S SK	GNATURE COLOR	126	ayr c	T) or	267	

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 - STATE REGISTRAR	CERTIFI	CATE OF	DEATH	REG. NO.		
	1. DECEOENT'S NAME (First, Middle, Last) I.EONA MARIE				2. DATE OF OEATH MONTH DA	γ γ	3. TIME OF DEATH
	220111		DYCHE		June 13,		12:45A M
	4. SOCIAL SECURITY NUMBER 5. SEX 1	AGE (In yrs. lest birthday) 41 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-24-194	9	BIRTHPLACE (State or Foreign Country) VA
	9a. FACILITY NAME (If not institution, give street end number)		9b. CITY, TOWN O	R LOCATION OF D		9c. COUNTY	OF DEATH
TOR	Memorial Hospital & Medical	Center	Cumber	Land		Alle	gany
FUNERAL DIRECTOR	100. STATE 10b. COUNTY MD Allegany		erland,	ION			10d. INSIDE CITY LIMITS? 1 YESXXX NO
F	10e. STREET AND NUMBER	- Jeans		ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
NER/	Route 2 Box 117			502		USA	
В	11. MARITAL STATUS 1 Never Merried 3 Widowed 4 Divorced 12. WAS DECEDENT FORCES? 1 IF YES, GIVE WAI		If yes, spe		NIC ORIGIN? (Specify Yes in, Puerto Rican, etc.) y:	or No 14.	RACE — American Indian, Black, White, atc. Specify; White
TED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16e. DECEDENT'S (Give kind of w life. Do NOT us	USUAL OCCUPATIO	N st of working	16b. KIND OF BUS	INESS/INDUS	TRY
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	secreta			Ancho	r Glas	S
00	17. FATHER'S NAME (First, Middle, Last) Louis A. Hordeman				ME (First, Middle, Malden	Surname)	
BE		Lancino		Edna V			
5	Mrs. Carole A. Rollins				Acute Number, City or Town		ode)
	00e. METHOD OF OISPOSITION 1 of Burlel 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify)	SUITE TO MET	of disposition	(Name ark		cation — city cerland	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	11	22, NAME AN	D ADDRESS OF F	eral Home		
	I gone > X can	pills	Cumbe	rland, M	ID 21502		
	23. PART. Enter the diseases, or complications that shock, or heart fellure. List only one cause	on each line.					t, Approximate interval Between
	IMMEDIATE CAUSE (Finel disease or condition reculting in death) a. □	van ed	Leio,	my Sa	ncon	/	Onset and Death
	DUE TO (C	OR AS A CONSEQUENCE OF	7):	U			
CERTIFICATION	If any, leading to immediate	OR AS A CONSEQUENCE OF	j):	ſ			
FIC	CAUSE (Disease or Injury that initiated events	OR AS A CONSEQUENCE OF	7: (1			
H	resulting in death) LAST	a (Aallo	John	1Del	hycheri	m.	
2	PART II. Other algnificent conditions contributing to d	anth hut not requising i	n éta undadutas		Data 1 200 1100 200		
DICAL	PAR II. Other alginicent conditions contributing to a	eath but not resulting i	n the underlying	cedae diseu in	Part I. 24s. WAS AN PERFOR	IMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEI							1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL		26. PL	ACE OF DEATH (C	heck only one)		
SIC	EXAMINER? 1 VES 2 NO HOSPITAL: 1 Vinpatient 2	ER/Outpatient 3 DOA	OTHER:	e 5 🗆 Residence	6 Other (Specify)		
	27. MANNER OF DEATH 1 Netural 5 Pending 28e. DATE OF II (Month, Day		URY WO	URY AT PRK?	28d. DE\$CRIBE HOW I	NJURY OCCUP	RED
TED BY	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF building, et	INJURY — At home, farm, a			281. LOCATION (Street : City or Town, State)	and Number or	Rural Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of m						
BE C	29b. SIGNATURE AND TITLE OF CERTIFIER			29c. LICENSE NU	MBER /	29d. DATE 3	HGNED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE	OF DEATH (ITEM 27) (Type.	Print)	Das)/1	1	77/11
	Dr. Zaman Memorial	Hospital M		Building	, Cumberla	nd, MD	21502
	31. DATE FILED MONTH Day, Your QQ1	'S SIGNATURE					

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dearn. P	funeral	
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N 50	filled	00
ING PHYSICIAN: The law requires that the death centricate be executed within 25 yours after death. Page	After this certificate has been signed by the attending physician and completely filled in by the funeral dire-	least with the State Dant of Health and Mental Horiene prior to build premation or removal
Cure	95 p	Mirial
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90	siciar	Ning
INCAL	P	non r
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Deam	atter	untal
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SC	After	dash

30. NAME AND ABORESS OF PERSON

ANE L. Doyle M.

31. DATE FILEG (Month, Day, Year)

JUN 25 91

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, La		CENTI	FICATE	OI DE	AIII	2. DATE O			YEAR	TIME OF
	Alice C. ESHELM	T					June				:55
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AG	E (In yrs. leet birthday 82 YRS.		DAYS HOU	INDER 24 HRS.	7. DATE 0 (Month,	Day, Year)	1908	Country) Penns	
	9e. FACILITY NAME (If not institution, gir			9b. CITY, T	OWN OR LO	CATION OF DI			9c. COUNT		
DIRECTOR	Calvert Manor Nu	rsing Home,	Inc.	Risi	ing Su	ın, MD	2191	1	Cec	il	
EC	10e. STATE 10b. COU		10c, C	ITY, TOWN OR	LOCATION		_			100	I. INSIDE
BIG	Pennsylvania	Chester	02	ford						10	LIMITS YES
AL	10e. STREET AND NUMBER				10f. ZIP (10g. CITIZE		T COUNT
ER	326 S. Third Str	eet			193	363			U.S	S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	H y	yes, specify (NT OF HISPAI Cuban, Mexica NO Specif	an, Puerlo Ri	(Specify Yeican, etc.)	e or No— 1	4. RACE — Black, W Specify:	America hite, atc. Wh:
COMPLETED	15. DECEDENT'S 8 (Specify only highest gr	EDUCATION rade completed)	18e. DECEDENT	'S USUAL OCC	CUPATION	vorkina	16b.	KIND OF BU	ISINESS/INDU	STRY	
E	Elementary/Secondery (0-12)	College (1-4 or 5+)		of work done dur use retired.)	ing moor or i	· Or ining					
MP	Secondary 17. FATHER'S NAME (First, Middle, Last)		House	ewite							
	Alfred Fitzgera				16. 1	MOTHER'S NA			1 Surneme)		
BE	19e. INFORMANT'S NAME (Type/Print)	i.I.d	19b. MAILU	NG AODRESS (S	Street and Nu	Clar			en State Zin C	inda)	
5	Mr. Charles Esh	elman		S. Thi						out	
	20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R		other place)				roru,		OCATION — CI	ty or Town,	State
	Edward L. 23. PART I. Enter the diseases,	WWW HIM Collins Jr		22. NA	ame año ao 1.1in:		eral	Hom	e,Oxf	ord,	
	shock, or heart failu IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one cause on	mon	ia	110 110 01	t dying, add		/	matory error	,	interions
		DUE TO (OR A	S A CONSEQUENCE	OF):							1
ON	Sequentially list conditions,	b. COUNTY	A CONSEQUENCE	OFI							can
ERTIFICATION	if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR A	CVA S A CONSEQUENCE	OF):						se	ve
MEDICAL C	PART II. Other significant conditions of the second of the	tions contributing to destr		-	erlying cau	use given in	Part I.	24e. WAS AI PERFO 1 YES	RMED?	AM CC OF	ERE AUTO AILABLE I MPLETIO DEATH? YES
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26. PLACE	OF DEATH (C)	heck only one	e)			
Sic	EXAMINER?	HOSPITAL:	ulpetient 3 DOA	OTHER:		Reeldence					
>	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28e. DATE OF INJUR (Month, Day, Yea.	Y 26b. T		86. INJURY /		7		INJURY OCCU	IRED	
	3 Suicide 6 Could not		RY — At home, farn pecify)	n, street, factor	ry, affice			TION (Street or Town, State	and Number o	r Rural Rout	Number
COMPLETED BY PH	4 Homicide determined										

29c. LICENSE NUMBER MD- D3 6238 N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Bypa, Print)

M.D. 215 & MT. VLENON ST.

32. REGISTRAR'S SIGNATURE DHMH-15 Rev 1/89 IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)

JUN 1

Ward

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Type. Wilson

'91

M, D 32. REGISTRAR'S SIGNATURE

	FOR 1 - STATE	STATE OF MARYLAND				_	1 18138
	1. DECEDEN 'S NAME (First, Middle, Last)	lter Eugen	Etcel	Etzel	2. DATE OF DEATH		SEAR 1250A M
177	N/A	5, SEX 8, AGE (In yrs. le	YRS. MONTHS.	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Dev. Year) 1/31/1	25%	BIRTHPLACE (State or Foreign Country) Serradny
1	9a. FACILITY NAME (If not institution, give stre Greater Laurel Be			y, town on location of de ure1	ATH / /		ce George
DIRECT	10a. STATE 10b. COUNTY N/A N/A		Oberrie				10d. INSIDE CITY LIMITS? 1 YES 2XXNO
FUNERAL	100. STREET AND NUMBER Hauptstr.36-1			101. ZIP CODE 7141		Germa	N OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. A FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	PMED 13.	WAS OECENDENT OF HISPAN If yes, specify Guban, Maxical 1 YES 2 TNO Specify	n, Puerto Rican, atc.)	s or No- 14	Black, White, stc. Specify: White
COMPLETED	15. OECEOENT'S EOUCA (Specify only highest grade of Elementary/Secondary (0-12) High School	College (1-4 or 5+)	DECEDENT'S USUAL OF Give kind of work done fe. Do NOT use retired.)	during most of working	166. KIND OF BU		
BE CON	17. FATHER'S NAME (First, Middle, Last) Fritz Etzel			Kathari	me (First, Middle, Melden na Burkhat	rdt	
10	190. INFORMANT'S NAME (Type/Print) Carol D. McFaul			S (Street and Number or Aural F 1 Road Belts			
	30 METHOD OF DISPOSITION A A Buriel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)	val from State 20b. PLAC	Peter S F		OATE 20c. LC	PCATION — CH	y or Town, State Germany
	21. SIGNATURE OF FUNERAL SERVICE LICE	Tr. Doole		. NAME AND ADDRESS OF FA			il Home, Inc. , Maryland 2070
	23. PART I. Enter the diseases, or co ahock, or heert feliure. Li iMMEDIATE CAUSE (Finsi disease or condition resulting in death)	omplications that caused the class only one cause on each/lir	bronny	the mode of dying, auch	h ea cerdiec or resp	Iratory srres	Approximate interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	atherose	equence or	Heart Dis Failure	lace		years
PHYSICIAN: MEDICAL CER	PART It. Other algnificant conditions	contributing to death but not	t resulting in the u	inderlying ceuse given in	Part t. 24e. WAS APPERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
YSICIAN	1 OF YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Outpatient		ursing Home 5 Residence	8 Other (Specify)		
ВҰ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not ba	28a. OATE OF INJURY (Month, Day, Year) 28a. PLACE OF INJURY — At Injury — At	28b. TIME OF INJURY M home, ferm, street, fa	28c. INJURY AT WORK? 1 YES 2 NO ctory, office	28d. OESCRIBE HOW 28f. LOCATION (Street	and Number of	
COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	building, etc. (Specify) IAN: To the best of my knowledge, it On the basis of examination and/o				nner as stated	
TO BE CO	296. SIGNATURE AND THE OF CERTIFIER	Whiten M. 2	2 0	ME 29c. LICENSE NUI			SIGNED (Month, Pay, Year)
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF GEATH (IT	TEM 27) (Type Print)	_ ^ /	4	-	1 10. 1

DHMH-18 Rev 1/89

OHMH-16 Rev 1/89

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- 65	emit.	-	-	110
	emi			- 62

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

_															
	1. DECEDENT'B NAME (First			MAXELI		ELLIS	ON			2. DATE O	F DEATH DA	7 7 7 7 7 7			
		xell	1113							00	- 10) -	91	1240 P.M	
-	4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs. Is		IF UNDER 1 Y	EAR	HOURS	24 HRS.	7. DATE O (Month,	F BIRTH Day, Ybar)		6. BIRTH Countr	PLACE (State or Foreign y)	
	464-09-5953		1 € M 2 □ F	76	122122 20, 2720								EXAS		
.	9a. FACILITY NAME (If not in	natitution, give a	street and number)			9b. CITY, TO	OWN DE	LOCATI	ON OF DE	EATH	9c. COUNTY OF DEATH			EATH	
5	WASHINGTO		VENTIST	HOSPITA	AL	TAKO	TAKOMA PARK					MON'	ERY		
3	RESIDENCE OF DEC	10b. COUNT	Υ		10c. CITY,	TOWN DR I	LOCATI	DN						10d. INSIDE CITY	
DIRECTOR	MARYLAND	PRINC	E GEORGES	5	HY.	ATTSV	ILI	E						LIMITS? 1 YES 2 NO	
AL	10e. STREET AND NUMBER						10f.	ZIP CODI	E			10g. CIT	IZEN DF V	VHAT COUNTRY?	
2	1709 NORT	TON R	OAD				20783 13. WAS DECENDENT OF HISPANIC DRIGI				USA			A	
5	11. MARITAL STATUS		12. WAS DECEDEN	T EVER IN U.S. A	PMED	13. WA					(Specify Yes	or No-	14. BACI	CE — American Indian, ick, White, etc.	
10	1 Never Married 2	_		YES 2	*MD	1 [YES	2X NO	n, Mexica Specifi		can, atc.)		Spec		
	3 Widowed 4 Dive			WWII										WIIII	
3		CEDENT'S EDU ly highest grade		1 1	Give kind of we	ork done duri	JPATIDI ing mos	N t of worldr	ng	16b.	KIND OF BUS	SINESS/IN	DUSTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	NAGEM	ĺ	MAT	Ver						- 1	
COMPL	17. FATHER'S NAME (First, A	North (net)	2	FLF	INAGEN	ENI A	IMAL		HER'S NA	MF (First M	iddle, Maiden	Sumamel			
- 1	JOHN MARI		LLISON								rude M		ck		
20	19a. INFORMANT'S NAME (DDIDON	1	19b. MAILING	ADDRESS (S	Street an	nd Number	r or Rural	Route Numbe	w, City or Tow	n, State, Zi	p Code)	**	
2	LUCILE E. 1	ELLISO	N (WIF	E) :	1709 N	ORTON	RO	OAD,	HYA	TTSVI	LLE,	MARY	LAND	20783	
	20a. METHOD OF DISPOSIT			20b. PLAC	E OF DISPOSE	TIDN (Name	of cem	etery, crer	natory or		20c. LO	CATION -	City or To	own, State	
	1 N Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		noval from State	- GAT	E OF H	EAVEN	CE	EMET	ERY		SIL	VER	SPRI	NG, MARYLAND	
	21. SIGNATURE OF FUNERA	AL SERVICE L	CENSEE	,						CILTY T.T.TNS	FIINE	RAT.	HOME	, INC.	
	1)	9195		_									SP., MD 2090	
	23. PART I. Enter the d	lissases, or	complications the	at caused tha	death. Do no									Approximate	
	shock, or h IMMEDIATE CAUSE (FI		List only one ca	use on each li	na.									Interval Between Onset and Death	
	disease or condition_	nai	Car	diores	respirators Arrest									4mis	
	resulting in death)	,	DUE TO	OR AS A CONS	A CONSEQUENCE OF): C Adantorcinoma, melastatic A CONSEQUENCE DF):										
Z			a Bronch	ozenic i										Zar	
2	Sequentially list condi- if any, leading to imme	ediate	DUE TO	OR AS A CONS											
RIFICALION	CAUSE (Disease or Inj		c												
	that initiated events resulting in death) LAS	ST	DOE IC	OR AS A CONS	EDUENCE OF):									
SE			d												
CAL	PART II. Other signific	ant conditio	na contributing to	death but no	t resulting i	n the unde	erlying	cause	given in	Part I.	24s. WAS AN		24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
2										1	1 TYES			COMPLETION OF CAUSE OF DEATH?	
Ų														1 YES 2 NO	
ž															
PHYSICIAN: N	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			OTHER:	26. PL	ACE OF I	DEATH (C	heck only on	9)				
2	1 TES 2 NO		1 Inpatient 2			4 - Numin			esidence	a 🗆 Other	(Specify)				
H	27. MANNER OF DEATH	Pending	28a. DATE O (Month,	F INJURY Day, Year)	28b. TIME	URY 2	WO	HK?		28d. DE\$	CRIBE HOW	NJURY O	CCURED		
R	2 Accident	investigation		OE IN HIEW AA		M		/ES 2 (NO	204 1 000	TION (Omes)	and Mirmh	as as Dural	Route Number,	
2	3 Suicide a 4 Homicide	Could not be determined	building	OF INJURY — At I, etc. (Specify)	nome, term, s	treet, rector	y, orne			C/ty	or Town, State)	er or noral	node Namoer,	
	29a, CERTIFIER														
M	(Check only	of my knowledge,													
COMPLETED				examination and/	or investigatio	п, іп ту орі	nion, o				and piece, a			(a) and manner as stated.	
BE	296. SIGNATURE AND TITL	E OF CERTIFI	BAH	-				Date.	ENSE NU					D (Month, Day, Year)	
2	30. NAME AND ADDRESS O	pr-	U U COURT			D		D	LL.	309			0	11	
_								7450	D 4 6	m "~	0 ==				
	PHILLIP W.			AR'S SIGNATURE		x ROL	LE\	ARD	EAS	T, #3	2, SI	LVER	SPR	ING,MD 20903	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a within 70 hours after death with the State heart and Mental Hariete prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR 1 - STATE REGISTRAR	STATE OF) / DEPAR					MENTAL	HYGIEN REG. NO		91	18140
1. DECEDENT'S NAME (First, Middle, Last CARRIE	MAE				ASTO			2. DATE O MONTH Jun	e 15,	1991	YEAR	TIME DF DEATN 11:50 A
4. SOCIAL SECURITY NUMBER 212-74-4681	5. SEX 1 MXXX F	6. AGE (In yra	. last birthday) YRS.	IF UNDER	DAYS	IF UNDER	MIN.	7. DATE O (Month, 04-2	F BIRTH Day, Year) 23-19(01	s. BIRTHPLA Country) WV	NCE (State or Foreign
90. FACILITY NAME (If not institution, gh						rlan				9c. COUN	llegan	
100. STATE 10b. COU			24.5	y, town o		TION						d. INSIDE CITY LIMITS?
100. STREET AND NUMBER Rt. 1 Box 11		Road	100	001.11	101	. ZIP COD	E			10g. CITI	ZEN OF WHA	
11. MARITAL STATUS 1 Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDE FORCES?			- 3	If yes, sp		m, Mexica	NIC ORIGIN? in, Puerto Ri y:		or No	14. RACE — Black, W Specify: Whi	American Indian, rhite, etc.
15. OECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)	OUCATION ade completed) College (1-4 or 5	+)	DECEDENT'S (Give kind of life. Do NOT u	work done ise retired.)	during mo	ON ost of workl	ng		own h		DUSTRY	
17. FATHER'S NAME (First, Middle, Last) James Oliver Je	enkins							Me (First, Mi		Sumame)		
194. INFORMANT'S NAME (Type/Print) Mr. J. William	Easton		196. MARLING 417 HC			nd Numbe	r or Rural	Route Numbe	r, City or Tov			
16. METHOD OF DISPOSITION 16. Burlel 2 Cremetion 3 R 4 Donation 5 Other (Specify)	emoval from State	20b. PL. Haerite	ace and dat	Bur	POSITION 121	(Name Park		6-18	0 1		nd, M	
21. SIGNATURE OF FUNERAL SERVICE TOTAL SERVICE TOTAL SIGNATURE OF FUNERAL SERVICE TOTAL SERVI	LICENSEE	PI	1	Scarpelli Funeral I Cumberland, MD 2150								
23. PART I Enter the diseases, shock, or heart feilu IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	a.	ate on each	My CC	ab	r the mo	Try	fing, auc	th as cardi	sc or resp	iratory em	reat,	Approximata interval Betwee Onset and Das
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b	O (OR AS A CO)	NSEQUENCE C	il OF):	Can	iony	ope	Ty .				
PART II. Other significant condi	clons contributing t	o death but n	not resulting	in the u	nderlyln	g cause	given in	Part i.	24a. WAS AI PERFD 1 YES	RMED?	CC	ERE AUTOPSY FINDING MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			ОТНЕ	A:			heck only one	115 357			
1 YES 2 ND 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26e. DATE C	DER/Outpaties DE INJURY Day, Year)	26b. TI		26c. IN	JURY AT ORK? YES 2		6 Other	(Specify)	INJURY OC	CURED	
2 Accident stressing at 2 Accident 3 Suicide 6 Could not 4 Nomicide determined	be 28e. PLACE building	OF INJURY — I g, etc. (Specify)	At home, farm,	, street, fa	ctory, offic	00			TION (Street r Town, State		r or Rural Rou	te Number,
(and any	IVSICIAN: To the best											nd menner ee stated.
296. SIGNATURE AND TITLE OF CERT	FIER (CA)	The					1931			25d. DAT	E SIGNED/N	S/9/
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED OF	HISE-OF DEATH	71TEM 27) /5-	o Delett					_	1	7	7

21502

D COMPLETED PAUSE OF DEATH (ITEM 27) (Type, Print)
517 Old Town Road Cumberland, MD.

Ranjithan

9

B. BIRTHPLACE (State or Foreign

MINNESOTA

YEAR

3. TIME OF OEATH

10d. INSIDE CITY
LIMITS?
1 YES 2 NO

14. RACE — American Indian, Black, White, etc.

Specify: WHITE

20715

Interval Between

Onset and Death

- 157PM

2. DATE OF DEATH

1, DECEDENT'S NAME (First, Middle, Last)

UNC ISABELL 06 10 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month, Day, Yea 129-32-1058 1 | M 2 | DF 9a. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH GREATER LAUREL BELTSVILLE HOSPITAL LAUREL PRINCE GEORGE'S DIRECTOR RESIDENCE OF DECEDENT 10b. COUNTY 10a. STATE 10c. CITY, TOWN OR LOCATION MARYLAND PRINCE GEORGE'S BOWIE 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY?
U.S.A. 10f. ZIP CODE 20715 12011 ROCKLEDGE DRIVE 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 140 IF YES, GIVE WAR OR DATES WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Mexican, Puerto Rican, etc.)
 U YES 2 NO Specify: 1 Never Married 2 Married
3 Middowed 4 Olvorced BY ETED 15. DECEDENT'S EDUCATION 16a, DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 5+) COMPL SCHOOL TEACHER RETTRED 17 FATHER'S NAME /First Middle I not 18. MOTHER'S NAME (First, Middle, Maiden Sumame) HELEN BARTON UNKNOWN 19a, INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Fairal Route Number, City or Town, State, Zip Code) 2 12011 ROCKLEDGE DRIVE BOWIE, MARYLAND MISS ROBERTA FUNCH (DAUGHTER) 20s. METHOO OF DISPOSITION
1 □ Burial 2 MXremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify) 20c. LOCATION — City or Town, Stata
SILVER SPRING, MARYLAND 20b. PLACE OF DISPOSITION (Name of cometery, crematory or SUBURBAN CREMATORY 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. ROLLINS FUNERAL HOME, INC. 0 4339 HUNT PLACE, N.E. WASH. D.C. 20019 23. PART 1. Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, MULTIPLE CEREBRAL INFARETION IMMEDIATE CAUSE (Final disesse or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF): YPERTENSIVE HEART DISEASE CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING eft Cowarlobe CAUSE (Disesse or Injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST 0 5 Cerrico PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part I. MEDICAL Chrinary tract

24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MAJLABLE PRIOR TO COMPLETION OF CAUSE 1 TYES 2 NO 1 TES 2 NO 28. PLACE OF DEATH (Check only one) ng Home 5 - Residence 6 - Other (Specify) 28d. OESCRIBE HOW INJURY OCCURED

HOSPITAL: etlent 2 ER/Outpetient 3 DOA 4 Num 1 TES 2 19 NO 27. MANNER OF DEATH 26a, DATE OF INJURY 28b. TIME OF 1 Natural 5 Pending Investigation 2 Accident

- Cieneralised

6 Could not be determined

25. WAS CASE REFERRED TO MEDICAL

EXAMINER:

3 Suicide

4 Homicide 29a. CERTIFIER

"286-INJURY AT WORK? 2 NO 1 YES 28e. PLACE OF INJURY — At home, farm, street, factory, office building ste. (Specify) 261. LOCATION (Street and Number or Flural Route Number, City or Town, State)

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

OTHER:

1 DESTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(a) and manner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER Altendina SR. Udapi Mp.

Da 1200 29d. DATE SIGNEO (Month, Day, Year) 6-10-199

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 7245. Kanover Pkway SHRINIVAS K. UDAPT Circonbelt - MD 20770

Atheroscless si

31. DATE FILEN MOTTO 2019

32 PREGISTRAR'S SIGNATURE PANDER

P.O. BOX 13146,

once.

notified at

examiner must be

medical

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other traumatic event,

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Injury,

shows any

23

Item

6

marked,

28 Is

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IMPORTANT:

THE HOSPITAL O THE FUNERAL D filed within 72 ho

PHYSICIAN:

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BALTIMORE, MARYLAND	retained
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S, P.O. BOX 13146,	the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
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1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)
Harry F. Fowler

(P		4, SOCIAL SECURITY NUMBER 577-26-7944 9a. FACILITY NAME (If not in		6. SEX 1)∑ M 2 ☐ F treet end number)	6. AGE (In yrs. 89		MONTHS 9b. CITY	DAYS	HOURE HOURE		ecen	Class Manual		Country) L Was	ce (State or Foreign hington, D
1	5	OR	Manor Care					I	argo)	C 26/201 2-11			Princ	e Geo	rges
li.	. Pages 1.	DIRECTOR	RESIDENCE OF DEC 100. STATE Maryland	10b. COUNT	e George	es		y, town	OR LOCAT	TION						I. INSIDE CITY LIMITS? YES 2 1 NO
	it permit.	FUNERAL	100. STREET AND NUMBER 12401 Win		ane				101	207						COUNTRY?
	prysicial. buńal-transit	NE I	11. MARITAL STATUS	ding L	12. WAS DECEDER	NT EVER IN U.S.	ARMEO	13.	WAS DEC			C ORIGIN	? (Specify Yee	U.S	. RACE -	American Indien,
21203-3146	ure nopriar to attending president, detached for use as the burial-tran once.	BY	1 Never Married 2 X 3 Wildowed 4 Divo			1 YES 2 WAR OR DATES	МО				m, Maxican, Specify:	, Puerto R	lican, atc.)		Black, WI Specify:	White
1203	for use a	ETED	15, DEC (Specify onl Elementary/Secondery (EDENT'S EDU y highest grade 0-12)	CATION completed) College (1-4 or 8		DECEDENT'S (Give kind of life. Do NOT u	Work done se retired.)	during mo	ON ast of worklin	ng	16b.	KIND OF BUS	INESS/INDUS	TRY	
D 2	detached force.	COMPLET	4			Fa	rmer/	Bui	lder			_	elf em		d	
	be detach at once.		17. FATHER'S NAME (First, N										fiddle, Melden	Surname)		
RYL	5 should be	BE	Charles T.		r		105 MAII IN	ADDRES	S /Street /	Emm		reen	er, City or Town	State 7in C	(note)	
MARYL		2	Virginia W										attsvi			20782
- 4	5 8 0		20e METHOD OF DISPOSIT		and down Chat-	20b. PLA	CE OF DISPO	SITION (N	ame of ce	metery, cren	natory or	11.7.		CATION — CR		
OH S	irector, p		4 Donation 5 Dother	(Specify)	1			oria	1 Ch	urch	Ceme	eter	y 6/15	/91 F	orest	ville.MD.
BALTIMORE,	to funeral director, i. funeral director, i. examiner must		-21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE						SS OF FACI			4308	Suit	land Rd.
BAL	the fun wal.		Day	24	1 cel	ach		R	ober	t E.	Wilh	ne1m	,Inc.	Suit	land,	MD. 20746
X 13146,	or electrical within 24-mous clan and completely filled in to to burial, cremation, or relationally commended to the median commended to the median commended to the median commended to the comm	CERTIFICATION	23. PART I. Enter the shock, or ill management of the shock of the sho	tions, idiata	a. Due To	en coused the nuse on asch i	MACSEQUENCE C	fox DF): the DF):					llac or reapi	ratory arred	it,	Approximate Interval Batween Onset and Death
ECORDS, P.O. BO	signed by the Health and Mi	MEDICAL CERT	PART II. Other eignification		d	o daath but no	ot resulting	In the u	nderlyln	g csuae	given in F	Part I.	24a. WAS AN PERFOR 1 YES 2	MED?	CO OF	TRE AUTOPSY FINDINGS AILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
C	> 20 cm	ä														
M	ate h	ICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ	R:		DEATH (Chec					
OF VI	All ENDING PHYSICIAN: ECTOR: After this certifically after death with the Sizen after death with the Sizen at the Sizen and Sizen at Sizen and Sizen at Sizen and Sizen at Siz	r PHYSI		Pending Investigation	1 Inpatient 2 28e, DATE O		28b, TII	-	28c. IN.	JURY AT DRK? YES 2 [NO NO		r (Specify) SCRIBE HOW I	NJURY OCCU	RED	
DIVISION	OR ALLENDING PORECTOR: After thours after death them 28 is man	TED BY	2 Accident 3 Suicide 8 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At g, etc. (Specify)	t home, farm,	atreet, fac	ctory, offic	:0		28f. LOC City	ATION (Street or Town, State)	and Number of	r Rural Rout	Number,
	x @ 5 5	COMPLET	CORPOR OTHY		BICIAN: To the best of											nd menner ee stated.
	THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE FUNERAL OF THE THE THE THE THE THE THE THE THE THE	TO BE (296. SIGNATURE AND TITLE	5 8 CV	mbe	Ly ,	mi	Q		29c. LIC	ENSE NUM	BER		29d. DATE:	SIGNED (M	onth, Day, Year)
(5)		30. NAME AND ADDRESS C			(Ψ.	
•			JUN 12		Julia	Davidson	Randal	٤								DUM 40 Day 1

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

18142

4:50 A.M

3. TIME OF DEATH

91

June 12, DAY 1991

M

Interval Between Onset and Death

24b. WERE AUTOPSY FINDINGS

AVAILABLE PRIOR TO

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the site death. Page 6 may be ret	THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 s filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burfal, cremation, or removal.
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FOR STATE REGISTRAR		STATE OF I					DEAT		MENTAL HYGIEN REG. NO.				
1. DECEDENT'S NAME (First,	JONATI	HAN COR	WIN	FIS	HER				2. DATE OF DEATH MONTH June 7, 1	991	YEAR	3. TIME (OF DEATH
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTH Counti		tate or Foreign
095-20-2392 1 x M 2 □ F 70 YRS.						DAYS	HOURS	MIN.	06-08-192	0		"Yorl	k
9a. FACILITY NAME (If not in		9b. CITY	, TOWN	OR LOCATI	ON OF DE	EATH	9c. COU	NTY OF D	EATH				
4901 Tucker	man St	reet			Riverdale Pri							Georg	ge's
RESIDENCE OF DEC	EDENT												
10a. STATE	10b. COUNTY	'		10c. CIT	CITY, TOWN OR LOCATION						10d. INSIDE CITY		
Maryland	Prince	e George	's	Riv	erda	le							S 2 NO
10e. STREET AND NUMBER			10	f. ZIP COD	E		10g. CIT	IZEN OF V	WHAT COU	NTRY?			
4901 Tucker			2	20737			U.	U.S.A.					
11. MARITAL STATUS 1 ☐ Never Married 2 Married 3 ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ▼ PRO IF YES, GIVE WAR OR DATES						13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— 14, If yea, specify Cuban, Maxican, Puerto Rican, atc.)					14. RACI Black Spec	k, White, a	can Indian, ic. hite

17. FATHER'S NAME (First Middle Lest) Robert W. Fisher 19a. INFORMANT'S NAME (Type/Print) Mrs. Virginia I.

20e. METHOD OF DISPOSITION

1 □ Burial 2 A Cremation 3 □ Ramoval from State
4 □ Donation 5 □ Other (Specify)

IL SIGNATURE OF FUNERAL SERVICE LICENSEE

(Specify only highest

Elementary/Secondary (0-12)

12th

15. DECEDENT'S EDUCATION

College (1-4 or 5+)

6

DIRECTOR

FUNERAL

BY

COMPLETED

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IMPORTANT: IL

223

PHYSICIAN: MEDICAL

COMPLETED 28 Item

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permit.

use as the burial-transit

be detached for

Cora Laurena Skinner 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)

4901 Tuckerman St., Riverdale, Maryland 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, Stata Metropolitan Funeral Service Alexandria, Virginia

18. MOTHER'S NAME (First, Middle, Maiden Surname)

22. NAME AND ADDRESS OF FACILITY Francis Gasch's Sons Funeral Home, P.A. 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory errest,

18a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.)

Mechanical Engineer

4739 Baltimore Ave., Hyattsville, Md.20781 **Approximate**

24a. WAS AN AUTOPSY

16b. KIND OF BUSINESS/INDUSTRY

U.S. Government

IMMEDIATE CAUSE (Final disesse or condition resulting in death)		ACUTE	MYOCARDIAZ	INFARCTION
,		DUE TO (OF	AS A CONSEQUENCE OF):	
Sequentially list conditions,	b			
Sedocution in the conditions,		DUE TO (OF	AS A CONSEQUENCE OF:	

If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Diseasa or injury that initiated events resulting in death) LAST

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i.

				1 YES 2 [X] NO	OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH	(Check only one)				
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □ Inpatiant 2 □ ER/Oulpation	T 3 DOA 4 DI	ER: Nursing Home 5 - Residen	8 Cher (Specify)				
27. MANNER OF DEATH 1 Naturel 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY OCCUR	RED			
3 Suicide 6 Could not be delarmined	28e. PLACE OF INJURY — A building, atc. (Specify)	t home, farm, atreet,	factory, office	281. LOCATION (Street and Number or City or Town, State)	Rural Route Number,			

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

(Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and

	TITLE OF CERTIFIER	7 / -	4	
2/11/1	rende 7	- And	1: 00	2.0
		Mall	mr.	11
O. NAME AND ADDE	RESS OF PERSON WHO	COMPLETED CAUSE	OF DEATH (ITEM 2	7) (Type, Print)

29c. LICENSE NUMBER

29d. DATE SYNED (Month, Day, Year)

Dr. Lawrence Z. Satin, 7500 Hanover Parkway, #103 Greenbelt, Maryland 20770

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
Julia Davido '91



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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. P	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral has find within 72 hours after death with the State Debt. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examina
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É	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the find within 72 hours after death with the State Dect. of Health and Mental Hydiene prior to burial, cremation, or removal.	ent,
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1. DECEDENT'S NAME (First, Middle, Jest) Arthur	1,0)	1	C =				2. DATE OF MONTH	DEATH	W	YEAR 3.	TIME OF PERSON
- Car	rul 9	· rai	na	G. F	aına	1		6	9	19	19/ 1	Bunk
	5. SEX	6. AGE (In yrs 59	lest birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, D. 2-9-			Country)	ngton, DC
Se. FACILITY NAME (If not institution, give stre					TOWN C	OR LOCATI	ON OF OE	HTA		9c. COUNT	TY OF DEAT	тн
Greater Laurel	Beltsvi	11e Hos	pital	La	urel					Prin	ice G	eorge
Naryland Anne A	\runde1			r, town o	R LOCAT	TION						d. INSIDE CITY LIMITS? YES 2 YNO
240 Old Line Avenu	ie				101	2072				10g. CITIZ		T COUNTRY?
11. MARITAL STATUS	12. WAS DECEDEN	S EVER IN U.S.	ARMED	13.1	WAS DEC			IIC ORIGIN? (S	Inacity Vac			American Indian
1 Never Merried 2 Afterried 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE V	YES 2	NO		f yes, sp		n, Mexicar	n, Puerto Rica				American Indian, Thite, etc.
15. OECEDENT'S EDUCA (Specify only highest grade of			DECEDENT'S (Give kind of	work done i	CCUPATIO	ON ost of worlds	na	16b. Kil	NO OF BUS	BINESS/INDU	STRY	
Elementary/Secondary (0-12)	Sollege (1-4 or 5	·)	licem	se retired.)				Wa	shin	aton.	DC I	Police
17. FATHER'S NAME (First, Middle, Last)		•				18. MOT	HER'S NAI	ME (First, Midd				0.1.00
Olanda Faina						Ange	la F	aina				
19s. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural F	Poute Number,	City or Town	n, State, Zip (Code)	
Frances Faina								rel, à	D 2	0724		
### METHOD OF DISPOSITION ###################################	vel from State		of DISPO				natory or			cation — c		111111111111111111111111111111111111111
21. SIGNATURE OF FUNERAL SERVICE-LICE	NEED //	1/	4				SS OF FAC	CIUTY F1	ock E	Unors	1 Hor	ne, Inc.
Jale	Sulea	Olly	/	76	501	Sand	y Sp	ring F	Rd. L	aurel	, HD	20707
23. PART I. Enter the diseases, or co	omplications the	caused/the	death. Do	not antar	the mo	de of dy	ing, _ę uci	h aa cardled	or reapl	ratory arre	at,	Approximata Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Gen	rerale	3.	1	ar	ein	come	coes				Onset and Death
	Lavo	OR AS A CON	MOURNER OF	es or	nhe	· Ra	l	Can	ce S_	,		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OR AS A COM	SEQUENCE O	IF):	(
CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONS	SEQUENCE O	F):								
												1
PART II. Other algorificent conditions Post C 2 Severe C	eft leg	Three .					given in		a. WAS AN PERFOR	RMED?	CO	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIPPLETION OF CAUSE F DEATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	1 ====		OTHER	R:		`	eck only one)				
27. MANNER OF DEATH	1 28a. DATE OF		3 U DOA			JURY AT	reldence	6 Other (S		NJURY OCC	IBED	
1 Natural 5 Pending 2 Accident Investigation	(Month, L	Pay, Year)	IN	JURY M	1 [YES 2 [□ NO	Zou, OLSON	IDE NOW I	NOON! OCC	ONED	
3 Suicide 6 Could not be determined	28e. PLACE (building	OF INJURY — At etc. (Specify)	home, farm,	street, fact	tory, offic	00		28f. LOCATI City or 1	ON (Street of State)	and Number o	or Aurai Rou	te Number,
			doub com-	and at the t		and alas	and due	to the cause	(a) and ma		4	
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK 2 MEDICAL EXAMINER												nd manner as stated.

31. DATE FILED (Month, Day, Year) 91

32. REGISTRAR'S SIGNATURE

מער ושכור, שכנו בעונר	hours after death. Page 6 may be retained by the hosp	led in by the funeral director, page 5 should be detache, or removal.	medical examiner must be notified at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiens prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	STATE OF M	ARYLAND / DEPA	RTMENT OF		MENTAL HYG			
	1. DECEDENT'S NAME (First, Middle, Last) BERNER	BERNET		FULLE		2. DATE OF DEAT	TH 6/29/9	1 YEAR	3. TIME OF DEATH 6PM
	4. SOCIAL SECURITY NUMBER	5. SEX 1 M 2 F	6. AGE (In yrs. lest birthde) 87 YRS.	MONTHS DAVE	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Day, 16 7-18-19	art .	8. BIRTHP Country)	LACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give at Liberty Medical RESIDENCE OF DECEDENT				or LOCATION OF DI ltimore	EATH	9c. COUN	na	ATH
L DIRECTOR	MD 10e. STREET AND NUMBER	a	10c. C	Baltim	ore				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	22 S. Athol Av	011410		'	H. ZIP CODE	229	10g. CITIZ	EN OF WI	HAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	If yes, a	CENDENT OF HISPA pecify Cuban, Maxico S 2 NO Specif	an, Puarto Rican, et		Black,	— American Indian, White, atc. :: Black
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		(Give kind o	"S USUAL OCCUPAT of work done during n use retired.)	ION lost of working	16b. KIND 0	F BUSINESS/INDU	USTRY	
	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	AME (First, Middle, M	aiden Sumame)		
TO BE	19a. INFORMANT'S NAME (Type/Print) Junita Robinson	Nie			and Number or Rural			Code)	
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)		20b. PLACE AND DA of cemetary, cremate	ory or other place)			c. LOCATION — C	Olty or Tow	rn, Stata
	20 SQUATURE OF FUNERAL SERVICE LIC	Phonale	d Wade,Dir 7/3/91		W. Baltin	Stat	e Anator Balto.,		
	23. PART I. Enter the diseases, or o shock, pr heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one caus	se on each lina.	,		ch as cardiac Dr	respiratory arre	eat,	Approximate Interval Between Onset and Death
N		DUE TO	Condiac (OR AS A CONSEQUENCE V1 S V1 SA (OR AS A CONSEQUENCE	OF):	rjerer				
CERTIFICATION	Sequentielly list conditione, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	C	OR AS A CONSEQUENCE	013	,				
CERTIF	that initieted events resulting in death) LAST	d	,						
MEDICAL	PART II. Other significant condition PUD MULT		Decubin		ng cause given in	P	AS AN AUTOPSY ERFORMED? 'ES 2 NO	1	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
N. M	- 6pr61	2675	(D) LET						1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSFITAL:	ER/Outpetlent 3 🗆 DOA	OTHER:	PLACE OF DEATH (C	101	wl		
PHYSICIAN:	27. MANNER OF DEATH 1 Matural 5 Pending	26a. DATE OF (Month, De	INJURY 26b. 1	TIME OF 28c. II	JUHY AT /ORK?		HOW INJURY OCC	URED	
TED BY	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE Of building,	F INJURY — At home, farretc. (Specify)			28f. LOCATION (City or Town,	Street and Number State)	or Rural Ru	oute Number,
COMPLETED	cond only		my knowledge, death occ						and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIED	1 gent	2		29c. LICENSE NU	MBER 4017	29d. DATE	6/2	(Month, Day, Year)
01	30. NAME AND ADDRESS OF PERSON WH	8.	CORRET					6	
	31. DATE FILED (Month, Day, Year) JUL 3 1991	guna David	R'S SIGNATION						

46, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	nedis i nan		0.	EITH I	W/11 E	01	DEATI		HEG. NO.			
1	1. DECEDENT'S NAME (First, Middle, Last) MORRIS FRAN	KLIN FREE							JUNE 20,	1991	ZEAR 3.	0930
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs. la	st birthday)	IF UNDER 1	YEAR	IF UNDER 24	HRS.	7 DATE OF BIRTH		BIRTHPL	ACE (State or Foreign
	216-14-6821	1 [X M 2] F	76	YRS.	MONTHS	DAYS	HOURS	MIN.	Feb. 22, 1	915	Mar.	yland
	9e. FACILITY NAME (If not institution, give a	treet and number)	, 0		9b. CITY. T	OWN O	R LOCATION	OF DEA		9c. COUNT		<u> </u>
	Frederick Memori		-al				rick			Fr	eder	ick
	RESIDENCE OF DECEDENT	a 1 1105 p 1 1	μαι		11	Cuc	ITCK	_		11	cuci	TCK
	Maryland Fre	derick			TOWN OR							d. INSIDE CITY LIMITS? YES 2 X NO
	100. STREET AND NUMBER 9510 Rocky Ridge	Road				10f.	ZIP CODE 2177	'8		-	S.A	T COUNTRY?
-	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	YES 2 V	RMED NO	H	yes, spe		Mexican,	ORIGIN? (Specify Yea Puerto Rican, etc.)	or No 1	Black, W Specify:	American Indian, white, stc.
-	15. DECEDENT'S EDU	CATION	I see D	ECEDENT'S U	IGUAL OCC	LIBATIO	M		16b. KIND OF BUS	INESC (INDIII		white
-	(Specify only highest grade	completed)	(0	Sive kind of wo	ork done du	ring mos	t of working		168. KIND OF BUS	INESS/INDU	SIRT	
	7 th	College (1-4 or 5 +)						Farm	ina		
-				Farmer		-						
L	17. FATHER'S NAME (First, Middle, Last) Byron E. Free								E (First, Middle, Meiden : Jane Rhode			
	198. INFORMANT'S NAME (Type/Print) Mrs. Dolline Bak	er Free	19						Rocky Rid			1778
	20s METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 mem 4 Donation 5 Other (Specify)	oval from State	ROCK	of DISPOSI	ge Br	eth	rn Ce	em. (5/24 Rock	y Rid	ge, F	red.Co.,Mo
I	21. SIGNATURE OF FUNERAM SERVICE LIC	OX /	But	2	22. NO RO	BER	T E.	DAIL	EY & SON St. Thurm	FUNER	AL H	OMES, P.A
+	23. PART I. Enter the diseases or shock or heart fellure.	MAU	Par J	N	01	3 E	astr	id III	St. Inuri	ione,	na.	21/00
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OUE TO	OR AS A CONSE	L O V	my (atl				-	Mont
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	с	(OR AS A CONSE									
	PART II. Other algnificent condition	contributing to	death but not	resulting in	n the und	erlying	j ceuse gl	ven in P	Part I. 24a. WAS AN PERFOR	MED?	Ci O	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DIMPLETION OF CAUSE F DEATH? YES 2 HNO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:		ACE OF DE		ck only one) Other (Specify)			
	EXAMINER? 1	HOSPITAL: 26e. DATE OF (Month, D.	INJURY	3 DOA	4 Nurel	ng Hom 28c. INJI WO	o 5 □ Res	Idence 6		NJURY OCCL	IRED	
	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH	26s. DATE OF (Month, D.	INJURY	26b. TIME INJU	4 Nursi	ng Home 28c. INJI WO 1 Y	o 5 Res URY AT RK? 'ES 2	NO NO	Other (Specify)			te Number,
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Metural 6 Pending Investigation 3 Suicide 6 Could not be	28e. DATE OF (Month, D. 28e. PLACE O building, ICIAN: To the best of	INJURY sy. Year) F INJURY — At hetc. (Specify) my knowledge, c	26b. TIME INJU	4 Nursi	ng Home 28c. INJI WO 1 1 3 ry, office	e 5 Res	NO NO and due t	Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(s) and mar	and Number o	r Rural Rou	
	EXAMINER? 1	26e. DATE OF (Month, D. 26e. PLACE O building, ICIAN: To the best of er	INJURY sy. Year) F INJURY — At hetc. (Specify) my knowledge, c	26b. TIME INJU	4 Nursi	ng Home 28c. INJI WO 1 1 3 ry, office	e 5 Res	NO NO and due t	Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and martime, data and place, an	and Number o	d.	
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 4 Homicide 298. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	26e. DATE OF (Month, D. 26e. PLACE O building, ICIAN: To the best of er O COMPLETED CAUSE O COMPLETED CAUSE	INJURY Py Year) FINJURY — At hetc. (Specify) my knowledge, camination and/or	26b. TIME INJU-	4 Nursit	ng Home 28c. INJ WO 1 1 1 Try, office ne, dete	e 5 Rea	NO and due to det the times NUMI	Other (Specify) 28d. DESCRIBE HOW II 281. LOCATION (Street a City or Town, State) to the cause(a) and mar ime, data and place, an	nner as state- ad dus to the	d.	and manner as stated.
	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 2 Accident 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE 29b. SIGNATURE AND THE OF FERRING 30. NAME AN ADDRESS OF PERSON WITH C. E. CLINE III	26e. DATE OF (Month, D. 26e. PLACE O building, ICIAN: To the best of er O COMPLETED CAUSE O COMPLETED CAUSE	injury ny, Year) Finjury — At hetc. (Specify) my knowledge, camination and/or	26b. Time Injudence of the Injudence of	4 Nursit	ng Home 28c. INJ WO 1 1 1 Try, office ne, dete	e 5 Rea	NO and due to det the times NUMI	Other (Specify) 28d. DESCRIBE HOW II 28f. LOCATION (Street a City or Town, State) to the cause(a) and martime, data and place, an	nner as state- ad dus to the	d.	and manner as stated.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL O	TO THE FUNERAL D	be filed within 72 ho	IMPORTANT: If It

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1. DECEDENT'S NAME (irst Middle Leen		CI	ENIIF	ICATE	OF DE	АГП	2 DATE	REG. NO.		-	3. TIME OF DEATH	
I. DECEDENT 3 NAME (A. FRITZ						June	22,	1991	YEAR	5:35 AM M	
4. SOCIAL SECURITY N		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER 1 Y		DER 24 HRS.	7. DATE	OF BIRTH		8. BIRTHP	LACE (State or Foreign	
220-50-480	4	1 M 2 X	86	YRS.	MONTHS D	NYS HOUR	S MIN.	Sept	.25,19	04		ryland	
9e. FACILITY NAME (# n						WN OR LOC		DEATH			NTY OF DE		
METIGIAN RESIDENCE OF D		ng Center			Pi	ederi	ck			F	rede	rick	
10e. STATE	10b, COUNT			10c. CIT	Y, TOWN OR I	OCATION						10d. INSIDE CITY	
Maryland		Carroll			Mt. A:							YES 2 NO	
10e. STREET AND NUME	oss Str	coat				10f. ZIP C				-		HAT COUNTRY?	
11. MARITAL STATUS	088 311		IT EVED IN HE AD	1150	40. 110.4	-	1771	*****			U.S.A		
1 Never Merried 2 3 Wildowed 4 1	_	FORCES? 1	T EVER IN U.S. AR YES 2 AN WAR OR DATES	NO NED	If yo		ıben, Mexk	can, Puerto F	? (Specify Yea Nosn, etc.)	or No—		— American Indien, White, etc.	
	ECEDENT'S EDU		16a. DE	CEDENT'S	USUAL OCCL	PATION	vrkina	16b.	KIND OF BU	SINESS/IND	USTRY		
Elementary/Seconder		College (1-4 or 5	+) lite.		work done duri se retired.)		a curry		17				
17. FATHER'S NAME (Firs	Address Land			Но	memako		00110-10		Home				
	m I. Ma	in				18. M			Grabi				
19e. INFORMANT'S NAM	E (Type/Print)		19	b. MAILING	ADDRESS (S	reet and Num					Code)		
Miss Marg	aret A.	Fritz	2	01 C	ross S	treet	. Mt	. Air	y. Md.	217	71		
20g METHOD OF DISPO	SITION	noval from State	20b. PLACE	OF DISPO	SITION (Name	of cemetery, c	rematory or	,	20c. LO	CATION —	City or Tow		
4 Donetion 8 0	her (Specify)		Mt.	Uliv	et Cen				1 Fr	eder	ick,	Maryland	
21. SIGNATURE OF FUN			, ,		22. NAI	eney	and	Basfo:	rd P.A	. Fu	neral	Home	
Richan	al C	. C. Bas	lose \$100	255	10	6 Eas	t Ch	urch :	St., F	rede:	rick	, Md. 2170	
23. PART I. Enter the	diseases, or heart failure.	complications the	it caused the de use on each line	eth. Do	not enter th	mode of	dying, at	ich ea card	liec or resp	ratory arr	reat,	Approximate Interval Between	
IMMEDIATE CAUSE		40		ь.	1			1				Onset and Death	
resulting in death)	\rightarrow	a. Due to	EULG JUS	OHENCE O	(A)	11/4	Tion	_)					
			(en no n oonor	OULHUL U	. ,.								
Sequentially list cor if any, leading to im		OUE TO	(OR AS A CONSE	OUENCE O	F):								
CAUSE (Disease or		c											
that initiated events resulting in death) i.	AST	DUE TO	(OR AS A CONSE	OUENCE O	F):								
	-	d										+	
PART II. Other signi	icent conditio	ns contributing to	~		in the unde	rlying cous	e given l	n Part I.	24a. WAS AN PERFOR		24b.	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
	LZME,		MISEARC		41				1 TYES 2	XXNO		COMPLETION OF CAUSE OF DEATH?	
10	ERFAT	- Dee		- 1	11ROND	05.45						1 TES 2 NO	
	TO MEDICAL	1	6		LEC-								
or was over present	D TO MEDICAL	HOSPITAL:	7 ED/O					e 8 □ Othe					
25. WAS CASE REFERRE			EN/Outpatient 3	1	E OF 26	c. INJURY AT				NJURY OC	CURED		
				1 West S Pending (Month, Day, Year) INJURY WORK?									
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Mitural 5	☐ Pending	28e. DATE OF		IN		2 Accident Investigation 2 Accident Investigation 3 Suicide 8 Could not be 289. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route Number,							
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Amitural 5 2 Accident	Pending investigation	28e. DATE OF (Month, if	Day, Year) OF INJURY — At he	IN	М		2 NO	281. LOC City	ATION (Street or Town, State)	and Number	or Rural Ri	oute Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Destural 2 Accident 3 Suicide 4 Homicide	Pending investigation Could not be datermined	28e. DATE OF (Month, if	Dey, Year) OF INJURY — At he etc. (Specify)	ome, farm,	M street, factory	office		City	or Town, State;			pute Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Destural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be datermined	28e. DATE OI (Month, I 28e. PLACE (building	Oey, Year) OF INJURY — At ho etc. (Specify) If my knowledge, de	ome, farm,	M street, factory	office	ace, end de	City	or Town, State;	nner as stat	led.	oute Number,	
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Destural 5 2 Accident 3 Suicide 8 4 Homicide 29a. CERTIFIER (Check only)	Pending Investigation Could not be distermined ERTIFYINO PHYSECICAL EXAMIN	28e. DATE Of (Month, I/O) 28e. PLACE (building) SICIAN: To the best of (ER: On the basic of (Oey, Year) OF INJURY — At ho etc. (Specify) If my knowledge, de	ome, farm,	M street, factory	office , date end pl ion, death oc	ace, end decured et the	City ue to the cau	or Town, State;	nner as stat	led. ne cause(e)		
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300 West Ninth Street, Frederick, Md.

Smith, Jr. MI

MD

Dr. George I.

31. DATE FILED (Month, Day, Year)

DHMH-18 Rev 1/89

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIF	ICATE OF	DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF OR MONTH	DAY	YEAR	3. TIME OF OEATH
Charles	Grof				JUNE	22	1991	2:41 a.m м
4. SOCIAL SECURITY NUMBER 216-34-5277	6. SEX 1 (XM 2 F	5. AGE (In yrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIT (Month, Day, 9-13-	Yearl	Count	PLACE (State or Foreign ry) ryland
9a. FACILITY NAME (If not institution, give et THE JOHNS HOPKINS			96. CITY, TOWN BALTIMO	OR LOCATION OF O	EATH		UNTY OF C	DRE CITY
nesidence of decedent 10a, STATE 10b, COUNTY Maryland Cam			ry, TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 5004 Kridlers S			10	21102			TIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT	EVER IN U.S. ARMED YES 2 NO	13. WAS DE If yes, s	CENDENT OF HISPAI Decity Cuben, Mexica S 2 NO Specific	an, Puerto Rican,	ecify Yea or No-	14. RAC	E — American Indian, k, White, atc.
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. DECEDENT'S (Give kind of life. Do NOT L	Sometime .	ON ost of working	0.00	of Business/II		
17. FATHER'S NAME (First, Middle, Last)			200	18. MOTHER'S NA		Maiden Surname)		- 10
Charles Willis	em Groft		C ADDRESS /Street	Ruby V				
Anna Iva Lee Gi	roft	1						nchester 1
20a METHOD OF DISPOSITION 1 Burlet 2 Cremetton 3 Rem		20b. PLACE AND DAT	E OF DISPOSITION	N (Name	OATE	20c. LOCATION -	- City or T	own, State
4 Donation 6 Other (Specify)		Leisters	Chure	h Cem.	6-25-	71 W	estm	inster Md
21. SIGNATURE OF FUNERAL SERVICE LIC	ESIN	dd	Eckh	ardt Fu	neral			r Md. 211
	SEPSIS			T				6/12/4/
if any, leading to immediate	· ACUTE	OR AS A CONSEQUENCE OF AS A CONSEQUENCE OF	FAFLU	IRE				6/2/a1 - U>>
PART II. Other significent condition bleeding war	leer	death but not reaulting	in the underlyle	ng ceuse given in		WAS AN AUTOPS PERFORMED? YES 2 NO	y 24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. I	PLACE OF DEATH (C	heck only one)			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending		ER/Outpatient 3 DOA NJURY (y, Year) 28b. Ti	4 Nursing Ho ME OF 28c. IN	me 5 Residence		ecity) BE HOW INJURY O	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined		INJURY — At home, ferm, rtc. (Specify)		YES 2 NO	261. LOCATION City or Tox	N (Street end Numi vn, State)	ber or Rural	Ploute Number,
(Critical Orlly		my knowledge, death occur amination and/or investigat						(a) and menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	MD			29c. LICENSE NU	JMBER	29d. D	1	0 (Month, Day, Year) 2 2 9 1 241 An
30. NAME AND ADDRESS OF PERSON WI						•		
SOMNS MOPKINS M 31. DATE FILED (MONTH), Day, Year) C. 12/91 JUN 24	OSPITAL	RALTEM	ORE MO	-2/20	5			

BALTIMORE, MARYLAND 21215-0020 DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or att	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use he fled within 20 hours after death with the State Dest. of Health and Mental Hyolese prior in burial, cremation, or removal	IMPORTANT: If tem 28 is marked, or tem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	1				2. DATE OF DEATH	y v	3. TIME OF OEATH
Allen Fr	ank G	rumbine			6-2		8:15 A M
4. SOCIAL SECURITY NUMBER	2 2 7		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)
215-32-4660	1 X M Z - F	59 YRS.	DATE DATE	HOURS WIN.	01-12-3		ennsylvania
9a. FACILITY NAME (If not inetitution, gi	and number)		9b. CITY, TOWN C	OR LOCATION OF OEA	TH	9c. COUNTY	OF OEATH
Levindale Nurs	sing Cente	r	Bal	timore		Balt	imore
Maryland (0	Carroll		estmin				10d. INSIDE CITY LIMITS? 1 XYES 2 NO
10a. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
30 Locust Stre	eet Apt 1	02		_21157		Unit	ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Olvorced	12. WAS DECEDENT EVER FORCES? 1 文 YE IF YES, GIVE WAR OR KOrean	S 2 NO	If yes, sp	ENOENT OF HISPANIC ecify Cuban, Mexican, 2 NO Specify:	C ORIGIN? (Specify Year Puerto Rican, etc.)	or No- 14.	RACE American Indian, Black White, etc. Specify: White
15. DECEDENT'S EDU	CATION	16a. DECEDENT'S U	JSUAL OCCUPATION	ON .	16b. KIND OF BUS		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT use	,	ehab Cou	n Stat	e of	Maryland
	-1	TVOCACIO	mai ne				I Talla
17. FATHER'S NAME (First, Middle, Last) Charles Grumbi	no			and the second	E (First, Middle, Maiden		
	.ne			Erma		yers	
POR I F Cramb	ino				Number, City or Tow		
Pearl E. Grumb							tminster, M
20a. METHOD OF DISPOSITION 1.XI Burial 2 Cremetion 3 Rem	noval from State	20b. PLACE AND DATE of cemetary, crematory of	OF DISPOSITION or other place)	(Name	DATE 20c. LO	CATION — City	or Town, State
4 Donation 5 Other (Specify)		Westmin				stmin	ster, Maryla
21. SIGNATURE OF FUNERAL BERVICE LI	CENSEE			ND ADDRESS OF FACI			
MOUNTAN)	40 alist	w.	MVOTE	FIRMORE			
	L.U/1 14 11 11 11 11 11 11 11 11 11 11 11 11	17111000	Joi wi	llig St	reet. We	stmin	ster, MD 21
22 DADT I Enter the diseases or	EXCLUENCE	Mylek	-				ster, MD 21
23. PART I. Enter the diseases, or abock, or heart failure.	complications that cau	ed the death. Do no	-				
ahock, or heart failure. IMMEDIATE CAUSE (Finel	List only one cause on	eech line	-				Approximate
ahock, or heart fallure.	List only one cause on PwEU	MONIA	ot anter the mo				Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	a. PwEU DUE TO (OR A)	MONIA S A CONSEQUENCE OF	ot anter the mo	da of dylng, auch			Approximate Interval Between
ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. PwEU DUE TO (OR A)	MONIA	ot anter the mo	da of dylng, auch			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions,	a. PNEU DUE TO (OR AL	MONIA S A CONSEQUENCE OF	ot anter the mo	da of dylng, auch			Approximate Interval Between
ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. PNEU DUE TO (OR AL	MONIA S A CONSEQUENCE OF	ot anter the mo	da of dylng, auch			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. PNEU DUE TO (OR A) OUE TO (OR A)	MONIA S A CONSEQUENCE OF	ot anter the mo	da of dylng, auch			Approximate Interval Between
ahock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. PNEU DUE TO (OR A) OUE TO (OR A)	MONIA S A CONSEQUENCE OF	ot anter the mo	da of dylng, auch			Approximate Interval Between
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ahock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent condition	B. DUE TO (OR A) OUE TO (OR A) DUE TO (OR A) DUE TO (OR A)	S A CONSEQUENCE OF	ot anter the mo	side of dyling, auch	aa cardiac or reapi	ratory arrest	Approximate Interval Between Onset and Death Onset and Death
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BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x-rours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit pe be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

														
)	1. DECEDENT'S NAME (First,	Middle, Last)							-	2. DATE OF D	EATN	,	YEAR	3. TIME OF DEATH
,	Dorot	hy Geo	rge							hime	30	199	7/1	3:00 H "
- 1	4. SOCIAL SECURITY NUME	ER .	5. SEX	6. AGE (In yrs.	last birthday)		R 1 YEAR	#F UNDER	24 HRS.	7. DATE OF B	HRTN		6. BIRTH	IPLACE (State or Foreign
1	214 14 2488		1 🗆 M 2 🖵 F	75	YRS.	MONTHS	DAYS	HOURS	MIN,	(Month, De)				aryland
Ì	9a. FACILITY NAME (If not in	stitution, give at	reet and number)			9b. CIT	Y, TOWN	OR LOCATI	ON OF DE			9c. COU	NTY OF D	
Œ	7320 Yorkt	owne D	rive				TOW	son			- 1	Ra l	timo	re Co
6 1	RESIDENCE OF DEC						10#	5011				Dal	CIMO	ie co
ñ I	10a. STATE	10b. COUNTY			10c. CIT	Y, TOWN	OR LOCA	ATION						10d, INSIDE CITY
DIRECTOR	MD	Bal	to County	У		Tov	vson							1 YES 2 NO
	10e. STREET AND NUMBER						1	of. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?
FUNERAL	7320 Yorkt	owne D	rive					2	1204				USA	A
<u> </u>	11. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13				NC ORIGIN? (S		or No-	14. RACI	E — American Indian.
	1 Never Merried 2			YES 2	□ NO			specify Cubi		n, Puerto Ricar	i, etc.)		Spec	k, White, etc.
B	3XXWidowed 4 Divo	rced		n	0					no				white
COMPLETED		EDENT'S EDUC		16a.	DECEDENT'S				na	16b. KIN	D OF BUS	INESS/INI	DUSTRY	
<u> </u>	Elementary/Secondary (0		College (1-4 or 5	+)	life. Do NOT u	se retired.)	rodi or work	· · · ·					
록∥	12	yrs			re	etir	ed			ŀ	nomem	aker		
Ö	17. FATHER'S NAME (First, M	liddle, Last)						16. MOT	HER'S NA	ME (First, Middl	e, Malden S	Surname)		
BE (Charles Z	iegler						Do	orsey	Bosse	erman	1		
	19a, INFORMANT'S NAME (7	Type/Print)			19b. MAILING	ADDRES	SS (Street	and Numbe	r or Rural	Route Number, (Olty or Town	, State, Zi	p Code)	
2	Susan Geor	ge D	aughter		815	Mal	vern	Aver	nue,	Towsor	n, MD	21	1204	
	20a, METNOD OF DISPOSIT			20b. PL/	CE OF DISPO	SITION (Name of c	emetery, cre	matory or		20c. LOC	CATION -	City or To	own, State
1	4 Donation 5 Other		Ovar from Stata	- 0074	a piece)									
1	21. SIGNATURE OF FUNERA	L SERVICE U		1.2 1.1	- Di-		. NAME	AND ADDRE	SS OF FA					
	/ Amus	el //		ld Wad				5.7 D.	. 7 4 4 4				-	Board
	23. PART I. Enter the	1,1+1	1000			_				nore St				Approximate
7	ahock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)		a. List only offe car	O OR AS A COM	Res	Le	ia	ter	4)	Fac	lee	se		Interval Between Onset and Death
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١ 🛪	PART II. Other significa	unt condition	s continuating to	J death out h	or resulting	III LIIO I	underly	mg cause	Aisan in	Part I.	PERFOR	MED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE
MEDICAL										1	YES 2	-HO		OF DEATH?
×														1 YES 2 NO
ä														
5	25. WAS CASE REPERRED 1 EXAMINEN?	TO MEDICAL	HOSPITAL:			ОТНІ		PLACE OF	DEATH (C	ock only one)				
PHYSICIAN:	1 VES 2 NO		1 Inpetient 2			4 🗆 N	ursing Ho		residence	6 Other (S)				
ВУ РН	27. MANNER OF DEATH 1 Natural 5 2 Accident	Pending Investigation	26a. DATE O (Month,	F INJURY Day, Year)	28b. Ti	ME OF JURY M	Y	NJURY AT WORK? YES 2	□ ND	26d. DESCRI	BE HOW II	NJURY O	CCURED	
	A	Could not be determined	28e. PLACE building	OF INJURY — A I, etc. (Specify)	At home, term,	street, fi	ectory, of	fica			ON (Street a bwn, State)		er or Rural	Route Number,
۳	29a. CERTIFIER 1 CER	TIEMNG PHYS	ICIAN: To the best o	of my knowledo	e. death occur	red at the	e time, de	eta and plac	e and du	a to the cause(a) and mar	oner as st	ated.	
COMPLETED	(Cireck Orny													(s) and manner as stated.
BE 0	295. SIGNATURE AND TITL	e of CERTIFIE	100	100	110	10	10	200	CENSE NU	IMBER	3	29d. DA	TE SIGNE	6 (Month, Oby, Year)
2	30. NAME AND ADDRESS O	F PERSON WI	O COMPLETED CAL	USE OF DEATH	(ITEM 27) (Total	o. Print)	a.		0			- 6	10	0///
	Charles F		nnell 750	01 York	Road	Tow	son	, Mar	ylan	d 2120	4			
	31. DATE FILED (Month, Day		32. SEGISTE	ABIS SIGNATU	REO. J. M	1								
	JUL	3 1991	guha	vauy dson-	-Manage	-								

A SOONLY SECURITY HAMBERS 1 S. ME. A. A. ME BY A. B. A. B. A. ME BY A. B. A. B. A. ME BY A. B. A. B. A. ME BY A. B. B. A. B. A. B. B. A. B. A. B. B. A. B. A. B. B. A. B. A. B. B. A. B. B. A. B. B. B. B. B. B. B. B. B. B. B. B. B.		ľ	. DECEDENT'S NAME (First	, Middle, Lest)	Coite	NIM I	п	inch				DAY YEAF	3. TIME OF DEATH
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THE BUTTON DIVIDIES 1.0 AS STREET AND NOWINGER 1.0 ASSTREET AND NOWINGER		11-	a. FACILITY NAME (# not in		reet and number)			9b. CITY,		OR LOCATION OF DE	EATH	9c. COUNTY OF	DEATH
THE BUTTON DIVIDIES 1.0 AS STREET AND NOWINGER 1.0 ASSTREET AND NOWINGER	ECTO	-	RESIDENCE OF DE	CEDENT		le Road		Y, TOWN O					10d, INSIDE CITY
Security Security		-			Cecil			Pe				10g. CITIZEN O	1 YES 2 XXNO
Security Security		- 18	1. MARITAL STATUS		12. WAS DECEDER	I YES 2	ARMED	- 1	f yes, s	CENDENT OF HISPAN pecify Cuban, Mexica	NIC ORIGIN? (Specify Year, Puarto Rican, etc.)	ns or No- 14. R/BI	ACE — American Indian, lack, White, etc.
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Walter C. Hinshaw Walter C. How will all walk will be condition on the walter of walt	nce.	ŀ	Eleven		College (1-4 or 5				n E	-	Baltimor	e, Marylar	
206. PLACE AND DATE OF DISPOSITION (Name of Cemeratry or other place) 207. MARK S CEMERATY OF CONTROL PROPERTY OF CONTROL PROP	T	L	Walte	r C. Hi	inshaw		19b. MAILING	3 ADDRESS	(Street		Angela Por	well	
21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Lee A. Patterson & Son Funeral Home Perryville, Maryland 23. PART I. Entar the disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, indexed liseses or condition. IMMEDIATE CAUSE (Final disease, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory streat, IMMEDIATE CAUSE (Final disease or condition) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUEN	ast be not	-				20b. PL	ACE ANO DAT	E OF OISP	OSITIO	N (Name	OATE 20c. L	OCATION — City or	Town, State
23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest, shock, or height failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENC	aminer m		□ Donation 6 □ Othe	AL SERVICE-LIC	ENSEE		Mark'	22.	NAME A	ND ADDRESS OF FA	CILITY		
Sequentially list conditions, if any, iseding to immediate cause. Enter UNDERTYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significent conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. PART II. Other significant conditions contributing to death but not resulting in the under	the medical		shock, or h IMMEDIATE CAUSE (FI disesse or condition_	lisesses, or constitute.	complications the	et caused the use on each	iina. OPUI	not enter	tha m	ode of dying, suc		piretory srrest,	interval Betwee
PART II. Other significent conditions contributing to daeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PREFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MAINTER OF DEATH 1 YES 2 NO 28. WES AN AUTOPSY PRIVING ANALIZEDE PRIOR OF CAUSE OF DEATH 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MAINTER OF DEATH 286. DATE OF INJURY Month, Dey, Year) 286. TIME OF INJURY AT WORK? 1 YES 2 NO 286. DESCRIBE HOW INJURY OCCUREO	er other traumatic		if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inj that initiated events	ring ury	DUE TO	O (OR AS A COR	ISEQUENCE C)F):					Yeas
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	MEDICAL		PART II. Other signific	ent condition	s contributing to	o daeth but n	ot resulting	in tha ur	dariyi	ng cause given in	PERFO	PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
M 1 VES 2 NO	SICIAN:		EXAMINER?	TO MEDICAL		□ FR/Outpetler	# 3 □ DOA	OTHE	3:				
	BY PHY		27. MANNER OF DEATH		26e. DATE O (Month,	F INJURY Day, Year)	26b. TII	ME OF JURY M	26c. IN W	JURY AT ORK? YES 2 NO		INJURY OCCURED)
4 City or Rwn, State) City or Rwn, State) 29a. CERTIFIER 1 DECERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.	COMPI		(Check only one) 2 ME	DICAL EXAMINE	R: On the basis of					death occured at the	time, data and place,	and dua to the cau	
V = Construction	TO BE	-	00. NAME AND ADDRESS (OF PERSON WH	O COMPLETED CA	USE OF DEATH	(ITEM 27) (Typ	e, Print)	2	122	097	▶ 6-2	23-91
29c. LICENSE NUMBER 1)22097 6-23-91					32. REGISTR	AR'S SIGNATUI	_		.00	KZKK	NG KC		21050
29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. LICENSE NUMBER 29c. DATE SIGNED (Morath, Day, Vear) 6-23-91			30II ~ ~	7 01	Jana.	MINISTER !	-Mundan	-					DHMH-16 Rev

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1 - FOR STATE REGISTRAR

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the same equal to the death of the same and the same and the same and the same at the same	te has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach te Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	om 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
2	page	be
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Dept. :	funeral	xamine
	te has been signed by the attending physician and completely filled in by the fi te Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	dical e
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			C	ERIIF	ICATE C	F DEATH	1	REG. NO.		1		
1. DECEDENT'S NAME (Fire JESSICA	st, Middle, Last)		Lee			HALL	2. DATE MONTH 06	of death	199	3. 1 4	: 12	P N
4. SOCIAL SECURITY NUM NONE	IBER	5. SEX 1 M 2 F	6. AGE (In yrs. I		MONTHS DAY		7. DATE (Month NOV	of BIRTH	000	BIRTHPLA Country)	CE (State or Fo	reign
9a. FACILITY NAME (# not UNION H	OSPITAI				96. CITY, TOV	'H OR LOCATION OF C	DEATH		Sc. COUNT		1	
Md .	10b. COUNT	•			orthE						LINSIDE CITY	
100. STREET AND NUMBER		i Highw	ay			101. ZIP CODE 21901			U.S		COUNTRY?	
11. MARITAL STATUS 1% Never Married 2 2 3 Widowed 4 Div	Married	12. WAS DECEDED			If yes	DECENDENT OF HISPA specify Cuban, Maxic (ES 2 KNO Spec	an, Puerto I		n or No— 14	Black, Wi Specify:	American Indicate atc. White	an,
	CEDENT'S EDU nly highest grade (0-12)			DECEDENT'S (Give kind of life. Do NOT u None	-	most of working		None		STRY		
17. FATHER'S NAME (First. Patrick E		1				18. MOTHER'S N	ame (First, I	Middle, Maiden J e e	Surname)			
Theresa I		ker		196. MAILING 166	9 Wes	t Pulask	Route Num 1 H1	ghway	m, State, Zip C Y	ode) Elkto	on, Mo	đ.
20a. METHOD OF DISPOS 1 Durial 2 Crement 2 Donation 5 Oth	ion 3 🗆 Rem	oval from State	20b. PLAC of cemeta	CE AND DAT Bry, cremator LINE	e of oisposit	ON (Name	DAT		cation - co 1kton			nd
21. SIGNATURE OF PUNE	AL SERVICE LI	CENSES-7										10
a	low	M	Lea		Ge	e Funera	ACIUTY 1 HC		59 E. 1kton			
23. PART I. Enter the ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death)	heert fellure.	complications the List only one ce	use on eech li	ne.	Genot enter the	e AND ADDRESS OF PERSONS OF PERSONS OF PERSONS OF AUTOMATICAL PROPERTY OF AND AUTOMATICAL PERSONS OF AUTOMATICAL P	al Ho	E.	1kton	, Md		ate etweet
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ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if eny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in that initiated events	heert fellure.	a. SUDDEN B. DUE TO C. DUE TO d	V INFANTO (OR AS A CONS	DEAT SEQUENCE C	Genot enter the SYND SYND SPD:	E AND ADDRESS OF F E Funera mode of dying, su	al HC	E.	1kton Iratory arres	Md.	Approxim	d Deati
ehock, or IMMEDIATE CAUSE (F disease or condition resulting in death) Sequentially liet cond if eny, leeding to imm cause. Enter UNDERL CAUSE (Disease or in thet initiated events resulting in deeth) LA	heert fellure.	a. SUDDEN B. DUE TO C. DUE TO d	N INFANI D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS D (OR AS A CONS	T DEAT SEQUENCE C SEQUENCE C SEQUENCE C	Genot enter the SYND (F): OF): In the under	E AND ADDRESS OF F E Funera mode of dying, su	n Part I.	E. diec or resp	1kton Iratory arres	Md.	RE AUTOPSY FILLABLE PRION DE	d Death
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PENN STREET BALTIMORE, MARYLAND 21201

JUN 1 4 '91

32. REGISTRAR'S SIGNATURE

TAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 NAL DIRECTOR. After this certificate base signed by the attending physician and completely if 72 hours after death with the State Dect. of Health and Mental hygiene prior to burial, crematol.: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, th	DALLIMONE, MANILAND	4 nours after death. Page 6 may be retained by the hosp	illed in by the funeral director, page 5 should be detached in, or removal.	e medical examiner must be notified at once.
O THE HOSP O THE FUNE o filed within	DIVISION OF VITAL RECORDS, F.O. BOA 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nouns after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept, of Heath and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM CERTIFIC		EALTH AND I DEATH	MENTAL	HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last	Maxi	ne C. Hage			2. DATE (OF DEATH	9 YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 285-22-1756	5. SEX 8. AGE (UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	4 -			HPLACE (State or Foreign
90. FACILITY NAME (If not institution, give		tome 96	HAUR	E DE	G-RA	9c.	COUNTY OF I	ord.
10e. STATE 10b. COUN	TY	10c. CITY, TO	OWN OR LOCAT	ON				10d. INSIDE CITY
Maryland	Harford	н	avre de	Grace				LIMITS?
10e. STREET AND NUMBER			10f.	ZIP CODE		104	. CITIZEN OF	WHAT COUNTRY?
415 South Market	Street			21	078		U.	S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 XWidowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 TYES IF YES, GIVE WAR OR DA	U.S. ARMED 2/1/XNO ATES	13. WAS DEC	ENDENT OF HISPAR city Cuban, Mexica 2 XNO Specifi	NC ORIGINS n, Puerto R y:	? (Specify Yes or Nican, etc.)	14. RAC Blac Spec	E — American Indian, k, White, etc. #y: White
15. DECEDENT'S ED (Specify only highest gra-	UCATION	16a. DECEDENT'S USI	UAL OCCUPATION	N d od wooddoo	16b.	KIND OF BUSINES	S/INDUSTRY	
Elementary/Secondary (0-12) Eleven	College (1-4 or 6 +)	(Give kind of work life. Do NOT use re Secreta		r or working		ley Mfg		
17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NA	ME (First, M	liddle, Malden Sum	ame)	
Asher Cooper					Leor	a Hall		
19a. INFORMANT'S NAME (Type/Print)				nd Number or Rural				
Virginia Hawki				ad, Aber	7			
20e METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Re	moval from State 20t	. PLACE AND DATE Of cemetary, crematory or o			DATE		ON — City or T	
4 Donation 5 Other (Specify)		opewell Ce		D ADDRESS OF FA	6/24	/91 Por	t Depo	osit, Maryl
21. SIGNATURE OF FUNERAL SERVICE I	LICENSEE			. Patter		& Son Fu	neral	Home
Whomas M	-totterson	Sr.		ville, M				
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	01416	aving (nam en		6 monte
PART II. Other algolificant condition	one contributing to death b	ut not resulting in t	the underlying	j cause given in	Part I.	24a. WAS AN AUT PERFORMED 1 YES 2	n	b. WERE AUTOPSY FINDING: AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (C)	eck only on	0)		
EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outs	ostient 3 DOA 4	THER:	s 5 🗆 Residence	8 Other	(Specify)		
27. MANNER OF DEATH	28s. DATE OF INJURY (Month, Day, Year)	26b. TIME O	F 28c, INJ		_	CRIBE HOW INJUI	RY OCCURED	
1 Naturel 5 Pending 2 Accident Investigation		INJUR		ES 2 NO				
3 Suicide 6 Could not b	280 DI ACE OF IN HIER	— At home, farm, atre	et, fectory, offic			ATION (Street and I or Town, State)	Number or Rural	Route Number,
	/SICIAN: To the best of my know NER: On the basis of examinatio							(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	IER			29c. LICENSE NU	MBER	29		D (Month, Day, Year)
Wullan	(m)			D32	B09.		6/21	191.
703 Revolution		ATH (ITEM 27) (Type, Pr	Gracie	m RUD!	~276	78.	1 mi	·
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE						
.IIIN 2 4 '91	Licha Davids	m-Randell						

ne, conservation (1) - emptile

Anna Louise		uer							2. DATE	OF DEATH	Ď	1991	111111111111111111111111111111111111111	:50 P
SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In	yrs. last birthday	MONTHS	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE 1 2497	of BIRTN		8. BIRTH	IPLACE (S	itete or Foreign
219-14-7205 a. FACILITY NAME (If not institu	rtion, give at				9b. CITY,	TOWN C	OR LOCATE	ON OF D		7 -0	9c. COU	INTY OF D		8-,
DOCTORS COMMU		HOSPITA	L		L	ANH/	M				PRIN	ICE G	EORG	GE .
DE. STATE 10	DENT	1		10c. C	TTY, TOWN O	A LOCAT	TION						10d. INS	IDE CITY
Maryland	Pri	nce Geor	ge's		Green	nbe]	Lt						1 X YE	S 2 NO
00. STREET AND NUMBER 14-U Ridge Ro	294					101	2077	_				J.S.A		JNTRY?
I. MARITAL STATUS Never Merried 2 Me X Wildowed 4 Olvorce	rried	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES	2 NO		if yes, sp	ENDENT (OF HISPA	n, Puerto	N? (Specify Yes Ricen, etc.)		14, RACI	E — Amer k, White, e	
15. DECEDI	ENT'S EDU	CATION		18a. DECEDENT	'S USUAL OC	CCUPATH	ON		161	. KIND OF BU	SINESS/IN	DUSTRY	h	hite
(Specify only his Elementary/Secondary (0-12) 12th		College (1-4 or 5	+)	life. Do NOT	servetired.) Sales			ng		Porte	c's I	iquo	r	
r. father's name (First, Middl Lawrence Mall							16. MOT		Will	Middle, Maiden	Surname)			
Ann Mead	/Print)									t, Mai			20770)
ne. METHOD OF DISPOSITION Burlel 2 Cremetion			20b.	PLACE OF OISP	OSITION (Na	me of ce	metery, crei	matory or		20c. LO	CATION —			
☐ Donation 6 ☐ Other (Sp		oval from State	St	other place) Patr	ick's	Cen	neter	У		Mt.	Sava	age,	Mary	land
Donation 6 Other (Sp. 1. SIGNATURE OF FUNERAL S	PERVICE LIC	ENSEE Fre	eno	_	Fr.	name a anci	ND ADORE Ls Ga Balti	ss of F	e Ave	ons Fu	nera]	Hom	ne, F	A 20781
Donation 6 Other (Sp. 1. SIGNATURE OF FUNERAL S 1. SIGNATURE OF FUNERAL S 1. Enter the dise shock, Dr heer shock, Dr heer shock, Dr heer shock of the shock of	pecify) pervice Light persons or (complications the List only one could be sold to the country of th	it caused use on ee	the death. De	22. Fr. 47.	name a anci	ND ADORE Ls Ga Balti	ss of F	e Ave	ons Fu	nera]	Hom	ne, F	PA 20781 pproximate terval Betweenset and Dea
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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARYL		ENT OF HEALTH		L HYGIENE REG. NO.	91	18155
1. DECEDENT'S NAME (First, Middle, Last)	ckey				OF DEATH	YEAR 3. TH	G. 30 M
4. SOCIAL SECURITY NUMBER 217-48-6229				ER 24 HRS. 7. DATE (More NOV)	of BIRTH th, Day, Year) 19, 1895	B. BIRTHPLACE Country) Washing	(State or Foreign ton, D.C
90. FACILITY NAME (II not institution, give structure) So MALY AND RESIDENCE OF DECEDENT	tet and number) HOSPIT	1	CLA			OUNTY OF DEATH	GEON BES
Maryland Prince	George's		wn or Location stville			-	NSIDE CITY JIMITS? YES 2 X NO
7420 Marlboro Pi	ke		101. ZIP CO 2074		10g. C	U.S.A.	OUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 X YES IF YES, GIVE WAR OR D	2 NO		oan, Mexican, Puerto	N? (Specify Yee or No- Rican, etc.)	14. RACE — Am Black, White Specify: Wh	irecon Indien,
15. DECEDENT'S EDUCI (Specify only highest grade of Elementary/Secondary (0-12)	ATION	16e. DECEDENT'S USUI (Give kind of work of life. Do NOT use reti Homemake)	lone during most of work red.)	liding 16	b. KIND OF BUSINESS/ N/A	INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) Michael Gallaghe	er			Catheri	Middle, Maiden Surname ne Repett	i	
Anita Eichelberg	er				ober, City or Town, State, Springs, M		
20e. METHOD OF DISPOSITION 1 🔀 Burlel 2 🗆 Cremetion 3 🗆 Remot 4 🗆 Donation 6 🗀 Other (Specify)		b. PLACE AND DATE OF Cemetery, cremedory of the Cedar Hill			TE 20c. LOCATION 3/91 Suitla	- City or Town, Str nd, Mary	
21, SIGNATURE OF FUNERAL SERVICE LICE	Hales	,		. Kalas I	Funeral Ho d. Oxon Hi		land
23. PART I. Enter the diseases, or canock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initisted events resulting in death) LAST	PSUDO OUE TO (OR AS A DUE TO (OR AS A	MA CONSEQUENCE OF):			rdiac or respiratory		Approximate interval Between Onset and Death 300445
PART II. Other significant conditions CINCESTIVE M			a underlying cause	given in Part i.	24a. WAS AN AUTOP: PERFORMED? 1 YES 2 NO	COMP OF DE	AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		HER:	OEATH (Check only o			
27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	Nursing Home 5 28c. INJURY AT WORK? M 1 YES 2	28d. O	ESCRIBE HOW INJURY	OCCUREO	
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Spe	Y — At home, farm, stree city)	, factory, office	28t. LC	CATION (Street and Num y or Town, State)	nber or Rural Route N	lumber,
(Crieck Urity	CIAN: To the best of my known; On the basic of examination						menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER			29c, L	ICENSE NUMBER		DATE SIONED (Month	h, Day, Year)
brenke (wer to		M	018013		6/10	/4/

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

22. REGISTRAR'S SIGNATURE

15

31. DATE FILED (Month, Day, Year)
JUN 1 4 91

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the Hospital bath. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Poer filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	ELDEEU	'nes	V			2. DATE OF MONTH	. DAY	γ	YEAR	3. TIME OF DEA	TH
Trannie	-				1	06		17	91	100	P
4. SOCIAL SECURITY NUMBER 449-22-7363A	5. SEX 1 M 2 X F	70	YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E			5. BIRTHI Country	Texas	Foreign
9a. FACILITY NAME (If not institution, give Howard County		spital			bia, Mar				INTY OF DE		
residence of decedent 10a. STATE 10b. COUNT Texas Har	rison			, TOWN OR LOCA Shall	TION					10d. INSIDE CIT LIMITS? 1 YES 2	
100. STREET AND NUMBER 606 Enfield Str	eet				75670			10g. Cr	U.S.	HAT COUNTRY? A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT FORCES? 1 I IF YES, GIVE WAI	YES 2 AND		If yes, sp	CENDENT OF HISPA Decify Cuban, Maxic S 2 NO Speci	en, Puerto Rice		or No—		— American Inc. White, etc.	
15. DECEDENT'S EDU (Specify only highest grade		(G/ve	e kind of w	USUAL OCCUPATION	ON ost of working	16b. KIN	D OF BUS	INESS/IN	IOUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	Alfo. E	Do NOT us	s Rep.		Sou	thwes	ster	n Bel	1 Tele	.Co.
17. FATHER'S NAME (First, Middle, Last) Edward	Sikes				Jodie	Smith	le, Maiden S	Sumame)			
19a. INFORMANT'S NAME (Type/Print) Robert H. Hines					Lane, Co						
20a. METHOD OF DISPOSITION 1	noval from State	20b. PLACE Of other place	of DISPOS	enwood	metery, crematory or Cemetery		4.4		City or You 1, Te		
21. SIGNATURE OF FUNERAL SERVICE LI	. \ / -	R		Harry	H. Witz	ke Fun				210)43
ahock, or heeft fallure. IMMEDIATE CAUSE (Finel	List only one cause	e on each line.		ot enter the mo	Old Colu	ch aa cerdlec				Approximinterval Onset an	nete Between Id Deet
	a. Ven DUE TO (C	tricula	uence of	Fibri	ode of dying, au	ch aa cerdiec	or respli	ratory a	rrest,	Approxir Interval Onset ar	Between d Deat
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SERVICE TRANSPORTED TO THE PROPERTY OF THE PERSON OF THE P

Herry H. Viceler Haward House (1994)

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BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the yours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	SICIAN: The law requires that the death certificate be executed within	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF	TO THE HOSPITAL OR ATTENDING PHYS	TO THE FUNERAL DIRECTOR: After this be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	1. OECEDENT'S NAME (First	, Middle, Last)							2. DATE OF OEATH MONTH DA	v	YEAR	3. TIME OF DEATH		
	ROBERT	SAM	IUEL HO	PPERT					06-18-		TEAN	5:00 A. M		
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs. la:	st birthday)	IF UNDER 1 YEAR		ER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		a, BIRTI	NPLACE (State or Foreign		
	205-16-02	48	XXM 2 □ F	64	YRS.	MONTHS DAYS	HOURS	MIN.	02-21-19	927		PA		
	9e. FACILITY NAME (If not in					9b. CITY, TOWN	OR LOCAT	TION OF O	EATH	9c. COU	NTY OF C	DEATH		
O.	13506 BRANT AVENUE					CRESA	PTOW	N.		ALLEGANY				
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY					10c, CITY, TOWN OR LOCATION					10d. INSIDE CITY			
Ë		SCHOOL SHIPS										LIMITS?		
	MD 10e. STREET AND NUMBER	Alleg	any		I Cr	esaptow	OI. ZIP COI	DE		10g, CIT	IZEN OF	WHAT COUNTRY?		
FUNERAL	13506 Bra	nt Ava	aniio				2150	2			ISA			
I S	11. MARITAL STATUS	are my	10 MM O DECEDE	T EVER IN U.S. AI	RMED		CENDENT	OF HISPAN	NIC ORIGIN? (Specify Yes		14. RAC	E — American Indien,		
	1 Never Married 2		FORCES?	YES 2 MAR OR DATES	NO	If yes, a 1 ☐ YE	Pecify Cut S 2 VIV	oan, Mexica D Specify	n, Puerto Rican, etc.) y:		Spec	k, White, atc.		
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H	15. OEC (Specify on	CEOENT'S EOL ly highest grade	CATION completed)	(0	ECEDENT'S Sive kind of a. Do NOT u	work done during n	ION lost of work	king	16b. KIND OF BUS	SINESS/IN	DUSTRY			
٦	Elementary/Secondary (0-12)	College (1-4 or 5	+)		2012.00			7.6	D M-		_		
COMPLETED	12 17. FATHER'S NAME (First, N	Airidle Leet			ret.	butcher	7	THED'S NA	A &		rket	S		
	Carl Hopp									Surname)				
BE	190. INFORMANT'S NAME (19	b. MAILIN	ADDRESS (Street			is Custer Route Number, City or Tow	n. State. Z	o Code)			
2	Mrs. Hele		Hoppert						resaptown,			2		
	20a. METHOD OF DISPOSIT	TION		20b. PLACE	OF OISPO	SITION (Name of c						own, State		
	15 Buriel 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other	on 3 🗆 Ren r (Specify)	noval from State	ROC.	ky Ga	ap Veter	ans	Cem.	6-21 Fl	ints	tone	, MD		
	21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE	10	1	22. NAME	ANO ADDR	ESS OF FA	CILITY					
	► Anon	2 V	1caro	11:		Sca	rpel	li Ft	uneral Home	9				
	23. PART i. Enter the d	liseesea, or	complications th	et caused the d	eeth. Do	not anter the m	ode of d	ana, lying, auc	MD 21502	iratory a	rreat,	Approximate		
	ahock, or h iMMEDIATE CAUSE (Fi disease or condition resulting in death)		a. A.	O (OR AS A COMSE	Tuk	mong	My		Men	1		Interval Batween Onset and Death		
ATION	Sequentially list condi- if any, leading to imme cause, Enter UNDERLY	ediete	a CAR	O (OR AS A CONSE	ma	Du	5 /8	re	Witi	h /	reto	4315.		
CERTIFICATION	CAUSE (Disease or Injuthat initiated events reaulting in death) LAS	ury	d.	OR AS A CONSE	OUENCE	OF):								
	PART ii. Other algnific	ant conditio	na contributing to	death but not	resulting	in the underlyi	ng cause	given in	Part I. 24a. WAS AN	AUTOPSY	24	b. WERE AUTOPSY FINDINGS		
MEDICAL									PERFOI			AMAILABLE PRIOR TO COMPLETION OF CAUSE		
03									1 1 163	Z MO		OF DEATH?		
- COL-														
A	25. WAS CASE REFERRED	TO MEDICAL				26.	PLACE OF	DEATN (C/	heck only one)					
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 DOA	OTHER:	me 5 🗗	Reeldence	6 Other (Specify)					
BY PHYSICIAN:		Pending Investigation	26e. DATE O (Month,	F INJURY Day, Year)	28b. Ti	(JURY V	NJURY AT VORK? YES 2	□ NO	28d. DESCRIBE NOW	INJURY O	CCUREO			
8	2 Accident 3 Suicide 6 4 Nomicide	Could not be determined		OF INJURY — At h	ome, ferm	, street, factory, of	fice		281. LOCATION (Street City or Town, State)		er or Rural	Route Number,		
COMPLET	COMON ONLY	- 2							s to the cause(e) and me s time, dete and place, as			(e) and menner so stated.		
BE	29b. SIGNATURE AND TITL	E OF CERTUR	n //	11	2		29c, L	ICENSE NU	2 96	29d. D/	TE SIGNE	D (Month, Dey, Year)		
07	DR. STEPHE						BERI	AND,	MD 21502		4			
	JUN 1 9			sen-Rande	02									

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

oval.	be fled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
loval.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remo
r the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
fter death. Page 6 may be retained by the hospi	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospi
בארו וואסעב, ואשרו באונם	DIVISION OF VITAL RECORDS, F.O. BOX 62100,

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENI
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MAR)f Health Of De <i>a</i>		MENTAL	REG. NO.				
1, DECEDENT'S NAME (First, Middle, Last)		- OL	1111110	AIL	OI DEA		2. DATE	OF DEATH			TIME OF DEATH	
RODNEY	C.			HEN	RY		MONTH			EAR Q	:22A	M
4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. lest	birthday) IF	UNDER 1 Y		IR 24 HRS.	7. DATE (OF BIRTH	la	BIRTHPLA	ACE (State or Fore	sign
214-05-7307	XX M 2 D F 7	6	YRS.	NTHS #	HOURS	MINZ	. 05-	24-191	5	Country		
9a. FACILITY NAME (If not institution, give st	reet and number)		90	CITY, TO	OWN OR LOCA	TION OF D	EATH		9c. COUNT	Y OF DEAT	Н	
Memorial Hospital	& Medical	Cente	r	Cumb	erland				A11e	gany		
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c. CITY. To								d. INSIDE CITY	
WV Minera											LIMITS?	
10e. STREET AND NUMBER			Ridge	rey,	10f. ZIP CO	DE			10a CITITE		T COUNTRY?	10
Route 1 Box 227					26753				USA	N OF WILA	COUNTRY	
11_MARITAL STATUS	12. WAS DECEDENT-EVE FORCES? 44 Y	ER IN U.S. ARM	IED					? (Specify Yes	or No 1	I. RACE	American Indiar	١,
3 Widowed 4 Divorced	IF YES, GIVE WAR O	R DATES	, i		es, specify Cui			ncan, atc.)		Spectly: Whi		
		II		1							.œ	
15. DECEDENT'S EOU (Specify only highest grade		16a. DEC	EDENT'S USI	done dun	UPATION ing most of wor	king	16b.	KIND OF BUSI	NESS/INDUS	STRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	_	ent	wred.)				Insura	ance			
17. FATHER'S NAME (First, Middle, Last)		1		_	10.10	THER'S NA	ME (First A	Aiddle, Maiden S				
Roy G. Henry							Shanh		urnamej			
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING AC	ORESS (S				per, City or Town,	State Zio C	ode)		
Ms. Louise Smith								erland,				
. 20a. METHOD OF DISPOSITION YE Buriel 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE A	no oate oi Bapti:	F OISPOS	Name (Name	Ceme ⁻	texx_	20c. Loc	ation - ci	y or Town,	. Bteta	
21, SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	_								_		
> 0 ma 7	Vicas	oil	(-		arpell mberla							
23. PART I. Inter the diseases, or o	complications that ca	sed the dea	th. Do not	enter th	e mode of d	lying, suc	ch ae cerd	fiac or reepir	atory arres	rt,	Approxima	le
shock, or heart feilure.					^	-					Interval Be Onset and	
IMMEDIATE CAUSE (Finel disease or condition	11h	MINN	Um	no 1	Three	M					Onout and	D 0 0 1 1 1
reaulting in death)	a. DUE TO (OF	AS A CONSEQU	WENCE, OF	1%	-	~				-		
-	1/4	mn	Melin	1/1	aulu	111						
Sequentielly list conditions, if any, leading to immediate	DUE 10 (08	A CONSEQ	UENCE OF	10	VIN UNI	4						
cause. Enter UNDERLYING CAUSE (Disease or injury	. (0	017										
that initiated events	pult to (on	AS A CONSEQU	UENCE OF):									
resulting in deeth) LAST	d											
PART II. Other eignificant condition	a contributing to dea	th but not re	aulting in 1	the unde	erlying cause	given in	Part I.	24a, WAS AN	WTOPSY.	24b. W	ERE AUTOPSY FIN	IDINGS
3-11-3-11-								PERFOR			MILABLE PRIOR TOMPLETION OF CA	
							_	1 YES 2	NO		F DEATH?	
				-			- 1			Ι,	YES 2 N	0
25. WAS CASE REFERRED TO MEDICAL				-	28. PLACE OF	DEATH (C	heck only or	nal .				
EXAMINER?	HOSPITAL:			THER:	150				_			
27. MANNER OF DEATH	26a. DATE OF INJU		28b, TIME C	_	Bc. INJURY AT	Hasidence	7	CRIBE HOW IN	LIURY OCCU	RED	-	
1 Natural 5 Pending	(Month, Day, Ye		INJUR	M	WORK?	□ NO						
2 Accident Investigation 3 Suicide 6 Could not be	26s. PLACE OF IN.	JURY — At hon	ne, farm, atre	et. factor			281, LOC	ATION (Street a	nd Number o	r Rural Rou	te Number	
4 Homicide 6 Could not be	building, etc.		,		,,		City	or Town, State)		1101011100	to rearrison,	
29a. CERTIFIER	CIAN: To the best of my i	hanwladaa daa	dh assumed	-4 Ab - Al	a deta and at-				and the same			
anal .	R: On the besia of axami										nd manner as st	ated.
29b. SIGNATURE AND THURDS SERTIFIE						ICENSE NU			29d. DATE	Mansa	tirm Apy, Year)	
While	m	4			111				> /	. 20	9)	
30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE O	F DEATH (ITEM	1 27) (Type, Pr	int)	D	1604	+1		U	0	1/	
Dr. T. Williams	Memoria				ical B	uild	ing,	Cumber	land,	MD	21502	
ST DAYS EIL SAINE A DE STAIRLE LE	A Jeone Destrume	-					J.					

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit, Pages and Alexander and Mental Husing purply to huise prepared in the extension of health and Mental Husing purply to huise prepared in the extension of health and Mental Husing purply to huise prepared in the extension of health and Mental Husing purply to huise prepared in the formal prepared in the extension of the purply of the extension of the extension of the purply of the extension of t
APORTANT. If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Frederick Middletown 100. STREET AND NUMBER 100. STR	SIDE CITY AITS?		
8022B Old Hagerstown Rd. RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS LIM 10c. STREET AND NUMBER 8022B Old Hagerstown Rd. 10f. ZIP CODE 21769 10g. CITIZEN OF WHAT COU U.S.A. 11. MARITAL STATUS 1 Navor Married 2 Married 12 Was DECEDENT EVER IN U.S. ARMED 15 Navor Married 2 Married 16 Navor Married 2 Married 17 Yes, specify Cuben, Marican, Puerto Rican, atc.) 16 Navor Married 2 No Specify: 1 Yes, GIVE WAR OR DATES	SIDE CITY AITS? ES 2 NO		
10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INS LIM 10d. INS LIM 10e. STREET AND NUMBER 10e. STREET AND NUMBER 8022B Old Hagerstown Rd. 10f. ZIP CODE 21769 10g. CITIZEN OF WHAT COU U.S.A. 11. MARITAL STATUS 1 Naver Married 2 Married 1 Yes 2 NO 1 Naver Married 2 Married 1 Yes, Give WAR OR DATES 1 Yes, Specify: 1 Yes 2 NO 1 Yes	AITS? ES 2 NO		
8022B Old Hagerstown Rd. 11. MARITAL STATUS 1 Naver Married 2 Married Married Married Naver Married Married Naver Married Na	UNTRY?		
1 Naver Married 2 Married FORCES? 1 YES 2 NO If yes, specify Cuban, Maxican, Puerto Rican, atc.) Black, Whita, and the specify Cuban, Maxican, Puerto Rican, atc.) Black, Whita, and the specify Cuban, Maxican, Puerto Rican, atc.) Specify:			
White	rican Indian, atc.		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 7 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) homemaker OWN home			
17. FATHER'S NAME (First, Middle, Last) Charles L. Bussard 18. MOTHER'S NAME (First, Middle, Melden Surname) Minnie Elizabeth Gaver			
19a. INFORMANT'S NAME (Type/Print) Charles E. Haines 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Old National Pike, Middletown, Md.	21769		
20b. PLACE OF DISPOSITION (Name of cametery, crematory or 1X Burlai 2 - crematory or 1X Burlai 2 - crematory or 20c. LOCATION - City or Town, State 2 - crematory or 20c. LOCATION - City or To			
Donald B. Thompson Funeral Home	1769		
IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Pulmunary fibrus; s Due to (or as a consequence of):	nterval Betweenest and Des		
Sequentially list conditions, if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):			
affective disorder. PERFORMED? 1 yes 2 no OF DEAT	UTOPSY FINDING DLE PRIOR TO ETION OF CAUSE TH? ES 2 \(\sum \) NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO			
1 YES 2 NO 1 Inpatient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation Providing and the provided investigation Provided in the provi			
3 Suicide 8 Could not be detarmined 25a. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Num City or Town, State)	nber,		
29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and ma	anner as stated.		
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Morrit), 100 DATE SIGNED (Morrit), 101760/. 29d. DATE SIGNED (Morrit), 101760/. 29d. DATE SIGNED (Morrit), 101760/.	Day, Year)		
MICHAEL S'. RUDMAN, MD. HARP MED CTR. MIDDLETTREN 21769 31. DATE FILED (Month), Day, (bar) 2 REGISTRAPER SIGNATURE			

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I THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by	I THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		APORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
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with	mplet	i filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burlal, cremation, or removal.	rvent
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	FOR 1 - STATE REGISTRAR	STATE OF N	IARYLAN		TMENT OF I	HEALTH AND		HYGIEN REG. NO.	E S	91	18160
	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF MONTH	DEATH DA		YEAR	TIME OF DEATH
	AKIKO JOHNSON					T	JUNE	7	19		2:50 A M
	4. SOCIAL SECURITY NUMBER 538-72-9271	5. SEX		2 vrs. (ast birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	1	10-48	3	Country) Jap	
_	9e. FACILITY NAME (If not institution, give st	treet and number)			9b. CITY, TOWN	OR LOCATION OF D	EATH		9c. COUN	TY OF DEAT	1
DIRECTOR	MALCOLM GROW USA	F MEDICA	L CEN'	TER	ANDRE	WS AFB MI	<u> </u>		PRIN	CE GEO	RGES
EC	10a. STATE 10b. COUNTY	r		10c. CIT	Y, TOWN OR LOCA					100	I. INSIDE CITY LIMITS?
8	Md. Pri	nce Georg	e's		Clinton	l				1 [YES XX NO
AL	10e. STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZ	EN OF WHAT	COUNTRY?
FUNERAL	11009 Brandywii					20735				Japan	
5	11. MARITAL STATUS 1 Never Married XX Married	12. WAS DECEDEN FORCES? 1				CENDENT OF HISPAI pecify Cuban, Mexico			or No-	14. RACE — Black, W	American Indian, hita, atc.
B	3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATE	18	1 🗌 YE	S 2XXNO Specif	ty:			Specify:	White
	15. DECEDENT'S EDU		10	8a. DECEDENT'S	USUAL OCCUPAT	ON	16b. KI	ND OF BUS	SINESS/IND	USTRY	
	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5)	life. Do NOT u	,						
COMPLETED	11			Cloth	ing Sale				ling .	AFB	
	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	unava				
BE	Yoshio Hirose 190. INFORMANT'S NAME (Type/Print)			T 10h MAII INC	ADDRESS /Street	and Number or Rural				Code)	
임	Roosevelt John	son			me as 10		riode reariber,	Oily Or IOW	n, State, Zip	0000/	
	20a. METHOD OF DISPOSITION	-	20b. P	LACE OF DISPO		metery, crematory or		20c. LO	CATION —	City or Town,	State
	1 Donation 5 Other (Specify)	oval from Stata	°	Lee Cr	ematory			C	linto	n,Md.	
	21, SIGNATURE OF FUNERAL SERVICE LIC	CENSEE	1		6633	old Alex	ander	e Fu Ferr	neral y Roa	. Home id	,Inc.
	23. PAHT I. Enter the diseases, or a	completions the	t caused t	he death. Do	not enter the m	ode of dying, suc	ch se cardia	c or resp	iratory sm	est,	Approximate
	ahock, or heart failure, IMMEDIATE CAUSE (Final										Onset and Death
	disease or condition resulting in death)	HEMORRH.									
- 1				ONSEQUENCE O							[
ON	Sequentielly list conditions,	METASTA DUE TO		REAST C							
¥	if any, leading to immediate cause. Enter UNDERLYING	7									
Ĕ	CAUSE (Disease or injury that initiated events	DUE TO	(OR AS A C	ONSEQUENCE O	F):						
CERTIFICATION	resulting in deeth) LAST	d									
1	PART II. Other significant condition	e contributing to	desth but	not resulting	in the underlyi	ng cause given in	Part I. 2	4a. WAS AN			RE AUTOPSY FINDINGS
2							1	YES 2		CC	MULABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME											☐ YES 2 X NO
ä											
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER:	PLACE OF DEATH (C	heck only one)				
IXS	1 TYES 2 X NO	1 N Inpatient 2		ient 3 DOA		me 5 Residence	_		IN HIRW OO	NIDED.	
	1 Natural 5 Pending	26s. DATE Of (Month, I	lay, Year)	200. TH	JURY W	IJURY AT YORK? YES 2 NO	28d. DESCI	HIBE HOW	INJURY OCC	JUNED	
TED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE (building	F INJURY — atc. (Specify	- At home, farm,	street, factory, off	ice	281. LOCAT	ION (Street Town, State	and Number	or Rural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of a									nd manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CERTIFIE	n 11		. ^	1-40	29c. LICENSE NU	JMBER		29d. DAT	E SIGNED (M	onth, Day, Year)
TO B	Von Vale	your	b	03	-HZ2U				•	JUNE 7	1991
-	30. NAME AND ADDRESS OF PERSON WI	O COMPLETED CAL	SE OF DEAT	H (ITEM 27) (Typ	e, Print) M A	COLM GRO	NJ IISA	F MEI	TCAL.	CENTE	'R

CAPTAIN, USAF, MC

32. REGISTRAR'S FORTUNE - January

MALCOLM GROW USAF MEDICAL CENTER

ANDREWS AFR.

MD 20331-5300

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,	R	ANDY	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1	REGISTRAR		CERTIF	CATE OF	DEATH	REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) RANDY	L	EE	KNA	uss	2. DATE OF DEATH DATE DATE DATE DATE DATE DATE DATE DATE		
	4. social security number Lost card	5. SEX 6. AG	26 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 8-15-64	Co	RTHPLACE (State or Foreign unity) Lentown, Pa.
- 1	99. FACILITY NAME (If not institution, give st UNION HOSPITA RESIDENCE OF DECEMENT			9b. CITY, TOWN C	N LOCATION OF DE	EATH	9c, COUNTY O	
DIREC	10a. STATE 10b. COUNTY	Cecil	10c. CIT	RISING				10d. INSIDE CITY LIMITS? 1 TYPES 2 NO
FUNERAL	100. STREET AND NUMBER 91 Bard Came	eron Road		10	, ZIP CODE	21911		S.A.
	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YI IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	6	ACE — American Indian, Black, White, atc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	Illia Da NOT us	vork done during mo	st of working	borer Ba		
	17. FATHER'S NAME (First, Middle, Last) Terry Kenneth	Knauss				ME (First, Middle, Malden Geneva		S
	190. INFORMANT'S NAME (Type/Print) Ruth G. Blevins	Krauss	19b. MAJLING 91 E	ADDRESS (Street of Bard Ca	meron R	Route Number, City or Tow	n, State, Zip Code g Sun,	Md. 21911
	20a. METHOD OF DISPOSITION 1 Solution 2 Cremation 3 Remoted 1 Donation 5 Other (Specify)	ovel from State	20b. PLACE AND DATE of cemetary, crematory	or other place)	(Name t Cem.	li-lial	cation – city o	
	21. SIGNATURE OF FUNERAL SERVICE LIC			22. NAME A	ND ADDRESS OF FA	25	9 E. M kton,	Main St.,
CERTIFICATION	IMMEDIATE CAUSE (Final disease or condition reculting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	DUE TO (OR A	S A CONSEQUENCE OF	P):	buin	sche	£	Onset and Death
ERTIF	thet initiated events resulting in death) LAST	DUE TO (OR A	S A CONSEQUENCE OF	F):				
PHYSICIAN: MEDICAL C	PART II. Other significant condition	e contributing to deet	h but not resulting	in the underlyin	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 □ NO	HOSPITAL:	Outpatient 3 DOA	OTHER:	LACE OF DEATH (C)	6 Other (Specify)		
ву рну	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	260. DATE OF INJUI (Month, Day, Yes 06-13-1	RY 28b. TIM	E OF 26c, IN	JURY AT DRK? YES X NO	28d. DESCRIBE HOW SUBJECT	STABB	
	3 Suicide 6 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, farm, Specify) STRE		10	281. LOCATION (Street City or Town, State)	end Number or Ru)	iral Route Number,
COMPLETED	CONTROL OF THE	CIAN: To the best of my ki						use(e) and manner as stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIE	Jan C			29c, LICENSE NU	MBER	- 1	NED (Month, Day, Year) 14-1991
٩	30. NAME AND ADDRESS OF PERSON WH	COMPLETED CAUSE OF				LTIMORE,	-	
1	31. DATE FILED (Month, Day, Year) JUN 21 '91	32. REGISTRAR'S S		7/				



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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detained within 72 hours after death with the State Dect. of Health and Mental Hydisene britor to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at on
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	1 - STATE REGISTRAR		STATE OF I				F DEATH AN	ID MEN	TAL HYGIEN REG. NO.	E		
į.	1. DECEDENT'S NAME (First,	Middle, Last)							ATE OF DEATH	v	YEAR	3. TIME OF DEATH
3.4	JIMMY	J.	KEI	ENER				06				08:04P M
-	4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1 YEA		- 4	ATE OF BIRTH fonth, Day, Year)		8. BIRTH Country	PLACE (State or Foreign
	220 38 78	67	1 X M 2 - F	50	YRS.			0	3/12/4:			st Virgini
	9e. FACILITY NAME (If not ins	titution, give st	reet and number)			9b. CITY, TOV	N OR LOCATION O	F DEATH		9c. COUN	TY OF DI	EATH
2013	THE JOHNS		S HOSPIT	CAL		BALTIM	ORE			BALT	IMOR	E CITY
נ	10e. STATE	10b. COUNTY			10c. CIT	Y, TOWN OR LO	CATION				T	10d. INSIDE CITY
5	MD	Ba1	timore	Citv	Bi	altime	ore					LIMITS?
HAL	10e. STREET AND NUMBER	-	14	, ,			10f. ZIP CODE			10g. CITIZ	EN OF W	HAT COUNTRY?
ה ה	212 6	AFRI	1e 5+	rcet	,		21211			US	SA	
5	11. MARITAL STATUS		12. WAS DECEDER		ARMED NO		DECENDENT OF HI			or No-	14. RACE Black	- American Indian,
-	1 Never Married 2 I	THE CO.	IF YES, GIVE	WAR OR DATES			YES 2 XNO S		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Speci Whi	y: + 0
2	15. DECE	DENT'S EDUC	CATION	16a	DECEDENT'S	USUAL OCCUP	ATION		16b. KIND OF BUS	INFSS/INDI		. 00
u	(Specify only Elementary/Secondary (0-	highest grade	completed) College (1-4 or 5			work done during	most of working	l	TODA TANKS OF BOX	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	701111	
7	Unknown		ounded in a pi	"	Truck	k Driv	ver		Truck	ing		
Š	17. FATHER'S NAME (First, Mile	dalle, Last)					16. MOTHER'S	S NAME (F	rst, Middle, Meiden	Surname)		
ū	John Ro	bert	Keener				Min	nie	Marie	Daws	on	Keener
	19a. INFORMANT'S NAME (Ty						eet and Number or F					
	Mr. Steve		Combs				ut Str	-		ns,	WV	26287 .
	26g: METHOD OF DISPOSITION 1 ← Burial 2 □ Cremetion	n 3 🗌 Reme	oval from State	of ceme	tary, crematory	E OF DISPOSIT or other place)				CATION — C		
	4 Donation 5 Other		ENSEF	- I Sug	<u>ıarlar</u>	ids Co	OMMUN i t	V CE	metery	Ham	ble	ton, WV
	02.1	00	0	11		Jos	seph N.	Zar	nnino J			
-	micha	ee 1.	margu	leter								more, MD
E P	23. PART I, Enter the di- ahock, or he IMMEDIATE CAUSE (Fin	art fallure.	Liet only one ca	use on aach	lina.							Approximate Interval Between Onset and Death
	disease or condition resulting in deeth)	→	Refra	CTOR	y Aa	ale M	4eloge	rans	Leyke	mo		3 months
			DUE TO	OR AS A CO	NSEQUENCE O	F):						
5	Sequentielly list condition		b	O (OR AS A CO	NSEQUENCE O	El·						
ALION	If any, leading to immed cause. Entar UNDERLY!		333.0	, (011 110 11 00)	1020021102 0	.,.						ij
2	CAUSE (Disease or inju- that initiated events	ry	c	O (OR AS A COR	NSEONENCE O	E.						
-	resulting in death) LAS		DUE TO	2 (OII NO A COI	ASECUENCE O							
HILL		T L	DUE Τα	7 (OH NO N OO)	NSEOGENCE O							
- CERIII	PART II. Other algorifica	-	d				lying cause give	n in Part	I. 24a. WAS AN	ALITOPSY	24h	WERE AUTOPRY FINDINGS
CAL CENIIL	PART II. Other algnifica	-	d.	o death but n	not resulting	in the under	lying cause give	n in Part	PERFO	RMED?	24b	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
EDICAL CERTIF		nt condition	d.		not resulting	in the under	lying cause give	n in Part		RMED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
		nt condition	d.	o death but n	not resulting	in the under	lying cause give	n in Part	PERFO	RMED?	24b	AVAILABLE PRIOR TO COMPLETION OF CAUSE
	Acult Ro. Shosh Au anno 25. WAS CASE REFERRED TY	nt condition	d. contributing to	o death but n	not resulting	In the under	lying cause give		PERFOI 1 TYES 2	RMED?	24b	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	Acult Ra Styske Ansens	nt condition	d.	o death but n	not resulting	in the under		H (Check or	PERFOI	RMED?	246	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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T PHISICIAN:	Acult Row Supplied to the sup	nt condition	HOSPITAL:	o deeth but n	not resulting	OTHER: 4 Nursing AE OF 28c	8. PLACE OF DEATI	H (Check or	PERFORM 1 TO YES 2	NO NO		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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	1, DECEDENT'S NAME (First, M	Paul	C. K	ovacs	5						of DEATH	M1991		time of DEATH	
\	4. SOCIAL SECURITY NUMBER	7	5. SEX	6. AGE (In yrs. lest birthday,	IF UNDE	DAYS	IF UNDER	24 HRS.	7. DATE C	OF BIRTH Day, Ybar)			ACE (State or Foreig	
)	186–16–9803		1 🛛 M 2 🗌 F	_ 66	YRS.					June		_		lvania	
·	9a. FACILITY NAME (If not instit				OR LOCATIO		EATH			UNTY OF DEAT					
0	2401 Winter	gree	n Avenue			Fo	rest	ville	9		-	Prin	ice Geo	orge's	
DINE	10a. STATE	Ob. COUNT	Υ	77/41	TY, TOWN							10	d. INSIDE CITY LIMITS?		
	Maryland	Prin	ce George	ce George's			Forestville			10- CITIZE				YES 2XXN	
ERAL	2401 Winter	gree	n Avenue				"	20747					U.S.A.		
BY FUN	11. MARITAL STATUS 1 Never Married 2 X M 3 Widowed 4 Divorce	arried	12. WAS DECEDE	1 TY YES	2 NO	13.	If yes, sp	CENDENT Opecify Cubs	n, Maxica	NIC ORIGIN an, Puarlo R /y:	? (Specify Y licen, atc.)	es or No—	14. RACE — Black, V	American Indian Whita, etc.	
ED		ENT'S EDU	CATION	16a. DECEDENT	S USUAL C	CCUPATI	ON		16b.	KIND OF B	USINESS/IP		HILLC		
<u>L</u>	(Specify only h		College (1-4 or 5	+)	Ilfe. Do NOT	(Give kind of work done during most of working life. Do NOT use retired.)									
COMPLET	10				Driver								ernmer	it	
	17. FATHER'S NAME (First, Mide Paul Ko	de, Last) OVACS						-		AME (First, M		n Sumame) gedus			
BE	19a. INFORMANT'S NAME (Type		·		19b. MAILIN	G ADDRES	S (Street		_	Route Numb		_			
5	Laverne Ko													and 207	
	20a. METHOD OF DISPOSITIO		novel from State	200	. PLACE AND DA	TE OF DIS	POSITIOI	N (Name		DATE			- City or Town		
	1 Burlet 2 Cremation 3 Remove from Stata												yland		
	21. SIGNATURE OF FUNERAL SERVICE LIBERAGE 22. NAME AND ADDRESS OF FACILITY George P. Kalas Funeral Hom										me				
or remova.	Hereo	6160 Oxon Hill Rd. Oxon Hill, Md. 23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximation Approximati													
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or beart feliure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCEOF): DUE TO (OR AS A CONSEQUENCEOF):											4	Interval Be Onset and		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): d.										lye				
ERI											(34)				
MEDICAL	PART II. Other eignificen	condition	ne contributing to	o death b	ut not resulting	g in the u	enderlyk	ng ceuse	given in	Part I.		AN AUTOPS ORMED? 2 NO	A C	ERE AUTOPSY FINAL ABLE PRIOR OMPLETION OF C	
AN	25. WAS CASE REFERRED TO	MEDICAL					28. F	PLACE OF D	EATH /C	heck only on	m)				
SIC	EXAMINER?		HOSPITAL:												
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Proceedings of the second	ending vestigation	28s. DATE O (Month,	Day, Year)		IME OF NJURY M	28c. IN	JURY AT ORK? YES 2		·	CRIBE HOV	Y INJURY C	CCURED		
							home, farm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Town, State)						ite Number,		
COMPLETED	anal siny		ER: On the basis of											nd manner as s	
-	296. SIGNATURE AND TITLE	CERTIFIE	R				-	29c. LIC	ENSE NU	-		29d. D.	ATE SIGNED (A	fonth, Day, Year)	
W	gh.	age							1.	12/6	67	•	6/1	3/91	
m	II SO MANE AND ADDRESS OF	DEDSON W	HO COMPLETED CA	USE OF DE	ATH (ITEM 27) (7)	pe, Print)									
TO BE	30. NAME AND ADDRESS OF						-	11		-			3.5.0	007//	
m		age,	M.D. 109	05 Ft	. Washi	ngto	n Rd	. #4	405,	Ft.	Wash	ingto	on, Md.	20744	

		1 - STATE STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE PREG. NO. 1. DECEDENT'S NAME (First Models Lost) / / / / / / / / / / / / / / / / / / /
		Charles C Kubecki Wett-13m- gyer 8404 M
(P)	a de la constante de la consta	4. SOCIAL SECURITY NUMBER 6. SEX Country 1 M 2 F 73 1 M 2 F 73 4. SOCIAL SECURITY NUMBER 1 FUNDER 1 FEAR FUNDER 14 HRS. 17. DATE OF BIRTH (Month, Day, Year) 1 M AUG. 14. 1917 Canada 9 S. CALITY NAME (If not institution, give street and number) 9 S. CALITY NAME (If not institution, give street and number) 9 S. CALITY NAME (If not institution, give street and number) 9 S. CALITY NAME (If not institution, give street and number) 9 S. CALITY NAME (If not institution, give street and number) 9 S. CALITY NAME (If not institution, give street and number)
2, 3	стоя	5914 Ottawa St. Forest Heights Prince George's
Pages 1	DIRECT	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
permit. Pa		Maryland Prince George's Forest Heights 1 □ YES 27 NO 104. STREET AND NUMBER 109. CITIZEN OF WHAT COUNTRY?
- ISi	ERAL	5914 Ottawa St. 20745 U.S.A.
attending physician. see as the burial-transit	PLETED BY FUNE	11. MARITAL STATUS 1 Never Married 2 X Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 Never Married 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 12. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.) 14. RACE — American Indien, Black, Whita, etc. 15. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No- If yes, specify Cuben, Maxican, Puerto Rican, etc.)
Por n		15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12 18- DECEDENT'S USUAL OCCUPATION (Ghe kind of work done during most of working life. Do NOT use retired.) Crane Operator Federal Government
retained by the hospital 5 should be detached to notified at once.	BE COMP	17. FATHER'S NAME (First, Middle, Leet) Kasper Kubecki Frances Sydlowski
retained 5 should notified	TO E	19%. INFORMANT'S NAME (Type/Print) 19%. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Audrey M. Kubecki 5914 Ottawa St. Forest Heights, Md. 20745
RE, may be x, page		20a. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE Of Company or other place)
Page 6 mar director, p		1 1 2 Cremation 3 Removal from State of cemetary, crematory or other place) St. Mary St. Mar
BALTIMORE, after death. Page 6 may be the funeral director, page noval. cal examiner must be		George P. Kalas Funeral Home 6160 Oxon Hill Rd. Oxon Hill, Md.
760, ad within 24 hours ompletely filled in bil, cremation, or rer event, the media		23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory streat, shock, or heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due TO (on AS A CONSEQUENCE OF) All MATTHEWARD AND AND AND AND AND AND AND AND AND AN
certificate be reging physician Hygiene prior the raun of the control of the cont	CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST
VITAL RECORDS, P JAN: The law requires that the death rificate has been signed by the atter he State Dept. of Health and Mental or Item 23 shows any Injury, or	MEDICAL	PART II. Other significant conditions contributing to desth but not resulting in the underlying cause given in Part I.
The law ate has but tate Dept.	IAN	25. WAS CASE REFERRED TO MEDICAL EXAMINERY AND SPITAL
SICIAN: The ta certificate has the State Der 1, or Item 23,	PHYSICIAN:	EXAMINISHT 1 VES 2 NO 1 Inpatient 2 ER/Outputient 3 DOA 27. MANNER OF DEATH 28c. DATE OF INJURY 28c. INJURY AT 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED
를 돌돌 를	BY	1 Netural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation 3 Suicide 2 Could set be 28. PLACE OF INJURY At home, farm, street, factory, office 28. LOCATION (Street and Number or Rural Route Number,
DIVISION OR ATTENDING I DIRECTOR: After hours after death item 28 is man	LETED	4 Homicide determined building, atc. (specify)
TO THE HOSPITAL OF TO THE FUNERAL DE FILE WITHIN 72 POR IMPORTANT; IF IN	COMPL	(Check only 1 CENTERING PRISCIAN: 10 the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and dua to the cause(a) and manner as stated.
TO THE ID THE ID THE IMPORT	TO BE	296. SIGNITURE AND TITLE OF CEPTIFIER 296. DATE SIGNED (Month, Day, Voor) 296. DATE SIGNED (Month, Day, Voor) 307 JAME AND ADDRESS OF PERSON WHO, COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
		JUNION PHE CHILLIAN STORY GAYBUSM (F. PHER) SHE 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
		JUN 14 91 July Savidson-Randalle

DALI IMORE, MARTLAND	ter death. Page 6 may be retained by the hos	the funeral director, page 5 should be detache oval,	al examiner must be notified at once.
3, F. C. BOA 13146,	he death certificate be executed within a sours	the attending physician and completely filled in b Mental Hygiene prior to burial, cremation, or rer	njury, or other traumatic event, the medi
DIVISION OF VITAL RECORDS, F.O. DOA 13149,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a construct after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	10	2 9	IMP

	1 - FOR STATE OF REGISTRAR	MARYLAND / DEPARTM	MENT OF HEALTH AND	MENTAL HYGIEN	9	1 18165						
· e.k		E CRYSTAL KRAME		2. DATE OF DEATH MONTH 6/6/9	YEA	3. TIME OF DEATH						
)	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2	F 87 YRS. MO	FUNDER 1 YEAR IF UNDER 24 HRS. WITHS DAYS HOURS MIN.	7. NATE OF BIRTH (Min. Day, Year) 9/5/1903_	8. BIRTHPLACE (State or Foreign Country) PENNOYLVANI							
TOR	Carrol Manor	Russing Itomo	HYATTSVILLE	EATH	PRINCE GEORGE S							
ріяєстоя	10a. STATE 10b. COUNTY MARYLAND PRINCE GEORG		OWN OR LOCATION			10d. INSIDE CITY LIMITS? 1 YES 2 NO						
FUNERAL	10%. STREET AND NUMBER 6705 HIGHBRIDGE ROAD		10f. ZIP CODE 20715		U.S.	OF WHAT COUNTRY?						
BY	1 Name Married 2 Married FORCES?	DENT EVER IN U.S. ARMED 1 YES 2 NO E WAR OR DATES	13. WAS DECENDENT OF HISPA If yes, specify Cuban, Maxic 1 YES 2 NO Specif	an, Puarto Rican, alc.)	,	RACE — American Indian, Black, While, atc.						
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6TH College (1-4 or	(5+) Me. Do NOT use re	done during most of working	UNTVERS		MARYLAND						
BE COM	17. FATHER'S NAME (First, Middle, Last) GEORGE R	. JENKINS	16. MOTHER'S N.	AME (First, Middle, Malden	Sumame) LII	LLIAN WOLF						
5	19a. INFORMANT'S NAME (Type/Print) MARY LOUISE MC DONOUGH		ODRESS (Street and Number or Rural AUREL BOWIE ROA									
A	20s. METHOD OF DISPOSITION XX Burlal 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 1ST LUTHERAN CHURCH CEMETERY 20c. LOCATION — City or Town, State BOWIE, MARYLAND											
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE FRANCIS GASCH'S SONS FUNERAL HOME, P.A. 4739 BALTIMORE AVE., HYATTSVILLE, MD.											
	23. PART I. Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
MEDICAL	PART II. Other aignificent conditions contributing HYPERTENSIVE CARDIOVA CONGESTIVE HEART FO	SCULAR DISTAS	the underlying ceuse given in	Part I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL		26. PLACE OF DEATH (C	heck only one)								
PHYS	27. MANNER OF DEATH 28s. DATE (Month	2 ER/Outpatient 3 DOA 4 OF INJURY 28b. TIME C INJURY	□ Nursing Home 5 □ Rasidence OF 28c. INJURY AT WORK?	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW I	NJURY OCCURE	ED .						
ED BY	1 Natural 6 Pending 2 Accident Investigation 3 Suicide Could at the 28e. PLAC	E OF INJURY — At home, farm, streng, etc. (Specify)	M 1 YES 2 NO	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)								
COMPLET	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the beautiful CERTIFYING PHYSICIAN: To the b					use(a) and manner ea stated.						
TO BE CO	2 MEDICAL EXAMINER: On the beels of axamination and/or investigation, in my opinion, death occurred at the lims, data and place, and due to the cause(s) at 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (N 106/6/1											
F	30. NAME AND ADDRESS OF PERSON WHO COMPLETED OF MARTA ANNE SCHILL			HIR BUD.	N.W.	WASHIC						
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Render Render											

8	-	
be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremati	IMPORTANT: If Item 28 is marked, or item 23 shows any Injury, or other traumatic event, t	
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nor 1	Ineu	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
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TO BE COMPLETED BY FUNERAL DIRECTOR

9a. FACRLITY NAME (If not institution, give street and number) SACRED HEART HOSPITAL PESIDENCE OF DECEDENT 10b. COUNTY PENNSYLVANIA SOMERSET 10c. STREET AND NUMBER ROUTE 3 11. MARITAL STATUS Never Married Nerried Nerried Never Married N					2. DATE OF DEATH MONTH D	1991	YEAR	3. TIME OF DEATH 10:14
98. FACILITY NAME (If not institution, give street and number) SACRED HEART HOSPITAL FIESIDENCE OF DECEDENT 109. COUNTY PENNSYLVANIA SOMERSET 109. COUNTY PENNSYLVANIA SOMERSET 109. STREET AND NUMBER ROUTE 3 11. MARITAL STATUS 1		UNDER 1 YEA	-		7. DATE OF BIRTH			PLACE (State or Foreign
SACRED HEART HOSPITAL RESIDENCE OF DECEDENT 109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STATE 109. COUNTY 109. STATE 109. STATE 109. COUNTY 109. STATE 109. STATE 109. SOMERSET 109. STATE 109. SOMERSET 109. STATE 109. SOMERSET 110. NARITAL STATUS 111. MARITAL STATUS 112. WAS DECEDENT EVER IN U.S. ARMEE FORCES? 11	YRS.	THS DAY	B HOURS	MIN.	1/3/07		PENI	ÍSYLVANIA
Test Test	96.	CITY, TOW	N OR LOCATI	ON OF DE	EATH	9c. COUN	ITY OF DE	ATH
Column C	CU	MBERI	LAND,	MARY	T.AND	ALLEC	PANY	
PENNSYLVAN IA SOMERSET 10						<u></u>	1	
The street and number ROUTE 3 1. MARITAL STATUS	Oc. CITY, TO	OWN OR LO	CATION					10d, INSIDE CITY LIMITS?
ROUTE 3 I. MARITAL STATUS Never Married 2 Married Midowed 4 Divorced IS. DECEDENT'S EDUCATION (Specify) only highest grade completed) Elementary/Secondary (0-12) Be in FORES? 1 YES 2 NO IF YES, GIVE WAR OR DATES IS. DECEDENT'S EDUCATION (Give In Sile. Doc Is. DECEDENT'S EDUCATIO	UPPE	ER T	URKEY	FO	OT			1 TYES 2 X NO
MARITAL STATUS Never Married Married Never Married Married Never Married Married Never Married			10f. ZIP COD	E		10g. CITI	ZEN OF W	HAT COUNTRY?
Never Married 2 Married FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			1555	7		U	SI	A
Widowed 4 Divorced Secondary Divorced 16a. DECEDION 16a. DECEDION 16b	,				NIC ORIGIN? (Specify Year, Puerto Rican, etc.)	a or No—	14. RACE Black	- American Indian, White, etc.
Comparison Com			YES 2 NO					WHITE
College (1-4 or 5 +) Ho M	ENT'S USU	JAL OCCUP	ATION most of working	207	16b. KIND OF BL	ISINESS/IND	USTRY	
ABRAHAM SCHMUCH Se. INFORMANT'S NAME (Type/Print) RS . BETTY HARTLINE On. METHOD OF DISPOSITION Burlat 2 Cremation 3 Removal from Stata Donation 5 Other (Specify) 1. SIGNATURE OF FUNERAL SERVICE LICENSEE ABRAHAM RO 20b. PLACE AN of complary, Crew WESLES 21. PART I. Enter the diseases, or complications that caused the death shock, or heart failure. List only Dna cause Dn each line. MMEDIATE CAUSE (Finel disease or condition resulting in death) DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that initiated events resulting in death but not resulting in death) LAST DUE TO (OR AS A CONSEQUE disease or injury that inj	NOT use rei	tired.)	,					
ABRAHAM SCHMUCH RS. BETTY HARTLINE RO Be. METHOD OF DISPOSITION Burlail 2 Cremation 3 Removal from Stata Other (Specify) Committed Specify Denoted the Committed Specify Committed Specify Committed Specify Committed Specify WESLES Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specify Committed Specifications and Committed	EMAR	KER			OWN	HOME		
A. INFORMANT'S NAME (Type/Print) RS . BETTY HARTLINE RO RS . BETTY HARTLINE Burial 2 Cremation 3 Removal from State Of cemetary, cre WESLE'S Donation 5 Other (Specify) WESLE'S Capacitally Compared to the death shock, or heart failure. List only one cause on aech line. MMEDIATE CAUSE (Finel illesease or condition equiting in death) DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (DISEAse) Ause (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (DISEAse) Ause (Disease or injury hat initiated events equiting in death) LAST DUE TO (OR AS A CONSEQUE cause. Enter UNDERLYING AUSE (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DISEAse) Ause (DI			18. MOT	HER'S NA	ME (First, Middle, Maider	Sumame)		
RS. BETTY HARTLINE Description Comparison Removal from State Description Removal from State Description Removal from State Description Removal from State Description Removal from State Removal f			MI	SSO	URI U	NKNO	WN	
De. METHOD OF DISPOSITION Burla! 2 Cremation 3 Removal from Stata Donation 5 Other (Specify) SIGNATURE OF FUNERAL SERVICE LICENSEE DONATOR OF HONERAL	AILING AD	DRESS (Str	et and Numbe	or Rural	Route Number, City or Tox	wn, State, Zip	Code)	
Burial 2 Cremation 3 Removal from State Of cemetary, cre WESLE	UTE	3 R	OCKWO	OD,	PENNSYL	VANI.	A 15	5557
Donation 5 Other (Specify) Sequential 2 Cremation 3 Removal from Stata Donation 5 Other (Specify) Sequential Service Licensee Sequential Service Licensee Discount of Puneral Service Licensee Sequential Service Licensee Due to one as a consequence of the death shock, or heart failure. List only pna cause on and lina. MMEDIATE CAUSE (Finel disease or conditions on the sequential of						OCATION —	-	
AS PART I. Enter the diseases, or complications that caused the death shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Finel lisease or condition eaulting in death) DUE TO (OR AS A CONSEQUE tause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST DUE TO (OR AS A CONSEQUE tause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST DUE TO (OR AS A CONSEQUE tause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST DUE TO (OR AS A CONSEQUE tause. Enter UNDERLYING AUSE (Disease or injury hat initiated events esuiting in death) LAST DUE TO (OR AS A CONSEQUE tause. Enter UNDERLYING AUSE (DISEASE) AUSE (DI	matory or o	other place)		ם ים ייי	RY 6/91 F	OCIZIV	ioon	DA
ART II. Other significant conditions contributing to death but not rest in the sequence of the	. CII.		E AND ADDRE			COCKN	עטטו	, PA
shock, or heart failure. List only Dna callies Dn each line. MMEDIATE CAUSE (Finel lisease or condition securiting in death) DUE TO (OR AS A CONSEQUE LINE) Gequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury hat initiated events securiting in death) LAST DUE TO (OR AS A CONSEQUE LINE) DUE TO (L OF THE			
S. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	NCE OF):	>						
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 EN/Outpetient 3 7. MANNER-OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 2e. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or investigation and/or investigation beautiful to the determined and investigation building, etc. (Specify)								
EXAMINER? 1 YES 2 NO 1 Input In to the least of examination and/or invertions and to the least of examination and/or invertions. HOSPITAL: 1 Input Input 2 Input 2 Input 3 Input 3 Input 4 Input 5 Input 5 Input 5 Input 6 Input 6 Input 7 Input 6 Input 7	ilting in t	ne under	lying ceuse	given in		RMED?	246.	WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EXAMINER? 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 1 VES 2 NO 1 Ves 2 NO 1 NO 1 Ves 2 NO 1								
1 Netural 5 Pending (Month, Day, Year) 2 Accident 3 Suicide 6 Could not be determined 20a. PLACE OF INJURY — At home, building, etc. (Specify) 9a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death one) 2 MEDICAL EXAMINER: On the best of examination and/or investigation 1 MEDICAL EXAMINER: On the best of examination and/or investigation 1 MEDICAL EXAMINER: On the best of examination and/or investigation 1 MEDICAL EXAMINER: On the best of examination and/or investigation 1 MEDICAL EXAMINER: On the best of examination and/or investigation 1 MEDICAL EXAMINER: On the best of examination and/or investigation 1 MEDICAL EXAMINER: On the best of my knowledge, death one) 1 MEDICAL		THER:	6. PLACE OF I		6 Other (Specify)			
1 Netural 2 Accident 3 Suicide 4 Homicide 6 Could not be determined 2 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation	6b. TIME O	F 28c	INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OC	CURED	
3 Suicide 4 Homicide 6 Could not be determined 2ea. PLACE OF INJURY — At home, building, etc. (Specify) 1 CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the besis of examination and/or inventor inventor in the besis of examination and/or inventor inve	INJUH		YES 2	NO				
(Check only one) 2 MEDICAL EXAMINER: On the beals of examination and/or invited invited in the beals of examination and/or invited invited invited invite	farm, stree	et, factory,	office		26f. LOCATION (Stree City or Town, State	t and Number e)	or Rural F	Route Number,
) and manufact to district
ON CIGNATURE AND TITLE OF CERTIFIER	engenon, I	my opinie						
STATISTICAL AND TIPLE OF CENTIFIER			29c. LIC	ENSE NU	MBER	29d. DAT	E SIGNED	(Month, Day, Year)
Mueden 1/54/c			-D.	46	111		6/1	1191
D. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 2	7) (Type, Pri	int)						010

STATE OF MARYLAND	/ DEPARTMENT	OF HEALTH	AND MENTA	L HYGIEN
C	ERTIFICATE	OF DEAT	rh	REG. NO.

FOR STATE REGISTRAR	STATE OF MA	RYLAND / DEPAI CERTIF		OF DEA		MENTAL HYGIEN REG. NO			, , ,	
1. DECEDENT'S NAME (First, Middle, Last) DANA	Ann		LABAS	SIK		2. DATE OF DEATH MONTH D		3. TIME OF D	EATH A	
4. SOCIAL SECURITY NUMBER	5. SEX 6.	AGE (In yrs. last birthday)		EAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State of Country)		
211-52-2766 9a. FACILITY NAME (If not institution, give s		21 YRS.	9h CITY TO	OWN OR LOCAT	ON OF DE	1-30-19	70 Pe	ennsylvan	ia	
PENINSULA GENERA				ISBURY				OMICO		
10a. STATE 10b. COUNT Pennsylvania	10c. Cf	TY, TOWN OR I	Bet		Park		10d. INSIDE (LIMITS? 1 X YES 2	□ NO		
10e. STREET AND NUMBER				10f. ZIP COD	-			OF WHAT COUNTRY	n	
11. MARITAL STATUS	orest Road	VER IN II S ARMED	12 348	S DECEMBENT	151	IIC ORIGIN? (Specify Ye		S. A.	ndlen	
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If ye		an, Maxica	n, Puarto Rican, etc.)	14.	Bleck, White, etc. Specify: Whi		
15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'	work done duri	JPATION ing most of works	na	16b. KIND OF BU	SINESS/INDUS	TRY		
Elementary/Secondary (0-12)	College (1-4 or 6+)	Iffa. Do NOT	use retired.)							
AT PATLETING MARKET ATTACK	Stud	ent:Co				ation				
17. FATHER'S NAME (First, Middle, Last)	Peter Lab	asik		18. MOT		ME (First, Middle, Malder cicia Dean	Sumame)			
19a, INFORMANT'S NAME (Type/Print)	- COCI DUDO		G ADDRESS /S	Street and Number		Route Number, City or Tox	vn. State 7in Co.	rde)		
Peter Labasik						thel Park,			102	
20a. METHOD OF DISPOSITION		20b. PLACE AND DA			Det			LVdN1d 10	102	
1 № Buriel 2 □ Cremation 3 □ Rem 4 □ Donation 6 □ Other (Specify)	ovel from State	of cemetary, cremato	ry or other place	el	eter				v1va	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
muchael P.	mary.00	_	300	102rro1	11+0	Marzul n Road Upp				
disease or condition resulting in death) a.										
PART II. Other significant condition	a. a. contributing to de	eath but not resulting		orlying cause		PERFO	RMED?	24b. WERE AUTOPS AMAILABLE PR COMPLETION OF DEATH?	OF CAUSE	
EXAMINER? 1 X YES 2 □ NO	HOSPITAL:	R/Outpatient 3 DOA	OTHER:	11.		6 Other (Specify)	N(V)			
27. MANNER OF DEATH	28a DATE OF IN	JUSY 285 T		Bc. INJURY AT WORK?		28d. DESCRIBE HOW	INJURY OCCUP	RED AB		
1 Netural 5 Pending 2 Accident Investigation	06/24/	91 2:		1 YES 2	NO.	Subject	struck	by auto		
3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF I building, etc	28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) Street			ffice 281. LOCATION (Street City, or Town, State Philadel			phia Ave.&90th.Stre		
(orloan oray	ER: On the best of my								aa stated.	
296_SHORMSURE AND TITLE OF CENTIFIE	m)/_				CENSE NU			BIGNED (Month, Day,)	bar)	
W/I)	1			0.	C.M.	Ε.	▶06/	24/91		
30 NAME AND ADDRESS OF REISON W	DESCET			reet,B	alti	more,Maryl	and 21	202		
31. DATE FILED (Month, Day, Year)	32. REGISTRAR	S SIGNATURE								
JUN 26'91	delia Da	vidson-Rendel	Z-							

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	1203-3146
THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within an incurs after death. Page 6 may be retained by the hospital or attending physic	or attending physi
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian programment of the complete of th	or use as the buria
De Tied Within 72 hours stief death With the death dept. Of health and mental raygiene prior to demand, defining	
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

	HEGISTHAH		CI	EKIIF	ICALE	UF	DEAL	п	RI	EG. NO.				
,	1. DECEDENT'S NAME (First, Middle, Last) CHARLES F	RANKLIN	Lock	NEP	L				2. OATE OF D	EATH DA	4	YEAR	3. TIME OF DEATH	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	t birthdev)	IF UNDER	1 YEAR	IF UNDER	24 HBS	7. DATE OF B	HTRI	-	A. BIRTHI	PLACE (State or Foreign	
	218-05-0868	74	and and		DAYS			SEPT. 24, 1		916 Country) MARYLAND)		
	9a. FACILITY NAME (If not institution, give a	street and number)			9b. CITY,	TOWN (OR LOCATI	ON OF DE	ATH		9c. COU	NTY OF DE	ATH	
DIRECTOR	BALTIMORE CO. GE	NERAL HOS	SPITAL		RAN	DAL	LSTO	NV			I	BALTI	MORE	
ည မ	10e. STATE 10b. COUNT	Υ		10c. CIT	Y, TOWN O	R LOCAT	TION						10d. INSIDE CITY	
	MARYLAND CARR				NEYTO								LIMITS? 1 TYES 2 NO	
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四	1 Never Married 2 Married	FORCES? 1	YES 2 1		- 11	yes, sp	ecify Cube	n, Mexicar	, Puerto Rican	, a1c.)		Black	, White, etc.	
BY	3 Widowed 4 Divorced	IF YES, GIVE V			- 1	YES	2 NO	Specify				Specif		
	15. DECEDENT'S EDU		V TT	CEDENTS	USUAL OC	CLIDATI	DAI		L ter Kini	D OF BUS	INESS/IND		HITE	
	(Specify only highest grade	completed)	(G	live kind of Do NOT u	work done d	luring mo	st of working	19	100. KINI	D OF BUS	HRESS/INC	JOSINI		
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<u>₹</u>	8		MA	CHIN.	E OPE	RAT	OR		CAN	JRKII	JGE 1	RUBBE	R	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Maiden	Sumame)			
ш		EMORY LOC	KNER						MARY	OH	LER			
8	19e. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS	(Street a	and Number	or Rural R	loute Number, C	ity or Town	n, State, Zip	Code)		
2	DOROTHY I. LOCK	VIED		21.40	NT TO	TOTO C	ום מי		N N TENS 2017/2	NT.TAT	3.00	2170	7	
	20s. METHOD OF DISPOSITION	NF.R	20b. PLACE						PANEYTY			City or Tox		
	1 Surtel 2 Cremation 3 Ren	noval from State	other p	lace)			11-1	-				11/11/11/11		
	4 Donation 5 Other (Specify)	- V	TED CHURCH OF CHURST TANEYTOWN, MD. 21787											
1	21. SIGNATURE OF FUNERAL SERVICE LI	1 1 - /			22.1	NAME A	ND ADDRE	SS OF FAC	SE	(ILE	S FUN	JERAL	HOME	
	> John M.	Skile	4		1	36	E. B	AT.TTN	MORE. S	3TP . F	PANE	MMOTIN	, MD. 21787	
-	23. PART i. Enter the disesses, or			-									Approximete	
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Cond	(OR AS A CONSE		est of:								Interval Between Onset and Death	
z	SEPS15													
일	Sequentially list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	cause. Enter UNDERLYING	. ICESP	IRATO	RY	W	-116	ノルミ							
Ĕ	CAUSE (Disease or injury that initiated events		(OR AS A CONSE											
F	resulting in death) LAST	4												
뜅														
	PART II. Other significant condition			resulting	in the un	nderlying cause given in Part I. 24s.				. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINDINGS	
EDICAL	RENTL C	ナーしいん								YES 2			COMPLETION OF CAUSE	
	DIABETES	5							— '.	1120 2	XIII		OF DEATH?	
Σ	514 56 10.	J							-				1 TYES 2 NO	
ÿΙ	-													
है ।	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF C	DEATH (Chi	ack only one)					
S	1 - YES 2 - 140		ER/Outpatient	3 🗆 DOA			ne 5 🗆 A	esidence	6 Other (Sp	ecify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending	28a. OATE Of (Month, I		28b. TII	ME OF JURY	W	JURY AT ORK? YES 2 [¬ NO	28d. DESCRIE	BE HOW I	NJURY OC	CURED		
B	2 Accident Investigation						-							
	3 Suicide 8 Could not be 4 Homicide determined	building	OF INJURY — At h., etc. (Specify)	ome, sem,	street, tech	ory, one	20	- 1	28f. LOCATIO City or To	wn, State)		r or Humil P	toute Number,	
	Ponicos Bellinia													
COMPLETED	and any	SICIAN: To the best o											a) and manner as stated.	
8			- Indiana	mvestiget	on, in my o	pittion,	Destill Occu	THE ALL LINE	mile, date end	prace, ar	10 Gue 10 I	ne cause(s	y and mariner sa stated.	
BE	296. SENATURE AND TITLE OF CERTIFIE	AWP					29c. LIC	ENSE NUA	SZ97		29d. DA	SIGNED	(Month, Day, Year)	
임	30. NAME AND ADDRESS OF PERSON W	COMPLETED CAL					,			_				
	A TOKAME	P- m0		ALT	mol	le	(5	CNUC	M	JEY	NEN	1	mospine	
	31. DATE FILED (Month, Dey, Year)		AR'S SIGNATURE											
	JUN 26 '91	Julia	Davidson-D	ander	2									

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SW	s be	33
The	te ha	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
AN	ifical Sta	r He
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wurs after death. Page 6 may be retained by the hosp	TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Value death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache the finite within 72 hours after death with the State Deat. of Health and Mental Hydele prior to burial, cemarition, or semoval.

STATE	0F	MARYLAND .	DEPARTME	NT OF	HEALTH	AND	MENTAL	HYGIENE
		C	ERTIFICA	TE O	F DEAT	ГН		REG. NO.

1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALTH AN	D MENTAL HYGI REG.		71 10101			
1. DECEDENT'S NAME (First, Middle, Le	VE	LEI	STER	2. DATE OF DEATH	4-9	3. TIME OF DEATH			
212-32-34	721 M 2 D F 6	4 YRS.	F UNDER 1 YEAR IF UNDER 24 HF ONTHS DAYS NOURS MIN	Month, Day, You	3 -76 N	BIRTHPLACE (State or Foreign Country) Maryland			
99. FACILITY NAME (If not institution, gi		9	Westmins	stminster carroll					
RESIDENCE OF DECEDENT 10s, STATE 10b, COU		10c. CITY, 1	TOWN OR LOCATION			10d, INSIDE CITY LIMITS?			
MD Ca	arroll		Westmins 100, ZIP CODE	ter	19g CITIZEI	1 YES 2 NO			
1701 Brehm Ro	ad		21157		U.S.				
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. ARM FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES			13. WAS DECENDENT OF HIS If yes, specify Cuban, Ma 1 YES 2 NO S	xican, Puarto Rican, atc.	Yea or No— 14	RACE — American Indian, Black, White, atc.			
15. DECEDENT'S (Specify only highest g		16a, DECEDENT'S US (Give kind of work life. Do NOT use in Salesma	k done during most of working etired.)		Business/indus				
17. FATHER'S NAME (First, Middle, Last)		Berebille		NAME (First, Middle, Me		Jille 17 0			
Ira Leister	<u> </u>			el Marie					
Mrs. Margare	et Leister		Brehm Road,						
20a. METHOD OF DISPOSITION 1X Burlel 2 Cremation 3 F	emoval from State	o. PLACE OF DISPOSITI	ION (Name of cemetery, crematory	or 200	LOCATION — City	y or Town, Stata			
21. SIONATURE OF FUNERAL SERVICE Robert K		THE PARTY OF THE P	s Lutheran 22. NAME AND ADDRESS O Pritts F 412 Wash	uneral H	ome & (tminster, MD Chapel Westminster			
23. PART I. Enter the diseases, ahock, or heart failu iMMEDIATE CAUSE (Finei disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initieted events resulting in death) LAST	a. ACUTE DUE TO (OR AS A DUE TO (OR AS A ARTER)	CONSEQUENCE OF:	CANTIAL	INF	ARCT	Interval Between Onset and Death			
PART II. Other algorificant condi	tions contributing to deeth b	ut not resulting in	the underlying cause give	PEI	B AN AUTOPSY IFORMEO?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		28. PLACE OF DEATH	(Check only one)					
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigati	1 Inpetient 2 ER/Outs 28a, DATE OF INJURY (Month, Day, Year)	28b, TIME (OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE H	OW INJURY OCCU	RED			
2 Accident investigate 3 Suicide 8 Could not detarmine	28e. PLACE OF INJURY building, atc. (Spec		est, tactory, office	28f. LOCATION (SI City or Town, S		Rural Route Number,			
one)	IVSICIAN: To the best of my know								
29b. SIGNATURE AND TITLE OF CORT	9 Well	ver 14-	D. 29c. LICENSE	1496	≥ lá	SIGNED (Month, Day, Year) -24-91			
30. NAME AND ADDRESS OF PERSON DO NE 2 31. DATE FILED (Month, Day, Ybar)	WHO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pr L) VER	912 WEC	MASH	NITE	N R'D			
JUN 26 '91	Julia Davidson	- Pandall							

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1	Dorothy Mar:		E (fn yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.		0 91	BIRTHPLACE (State or Fore		
1	579-16-4208	1 0 M 2 7 F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year) 02/15/22		ashington,		
	9e. FACILITY NAME (If not institution, give				OR LOCATION OF DEAT	гн	9c. COUNTY			
6	Physician's Memo	orial Hospita	11	LaPlat	a		Charles			
DIRE	Maryland Cha	arles		Waldorf	ZIP CODE		1 son CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 N		
ERA		nuero								
BY FUNERAL										
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5 +) HOUSEWIFE Own Home									
at once.	12th 17. FATHER'S NAME (First, Middle, Last) Ernest Oden	1			18. MOTHER'S NAMI	E (First, Middle, Meid Ce E. Je		164		
TO B	19a. INFORMANT'S NAME (Type/Print) Gordon W. Lariso	cy, Jr.			e, Waldo			0601		
must be	20c. LOCATION — City or Town, State 20c. LOCATI									
	21. SIGNATURE OF FRIEDRICE UCLNSTEE 22. NAME AND ADDRESS OF FACILITY SONS Funeral Home, PA 4739 Baltimore Ave., Hyattsville, MD 20781									
examiner	21. SIGNATURE OF THE HAL SERVICE	9/3 w	hour							
the medical examiner	23. PART I. Enter the diseases, o	or complications that couse on List only one cause on	scleotic	not enter the mo	Baltimore	Ave., H	yattsvi	11e, MD 207		
or other traumatic event, the medical examiner ERTIFICATION	23. PART I. Enter the diseases, of ahook, or heart fellur IMMEDIATE CAUSE (Final disease or condition	a. Attended as DUE TO (OR ALL)	n aach line.	not antar the mo	Baltimore oda of dying, such	Ave., H	yattsvi	Approximatinterval Bar Onset and		
hows any injury, or other traumatic event, the medical examiner MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shook, or heart feilur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielty list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR AS	S A CONSEQUENCE	orp:	Baltimore oda of dying, such	Ave., Hes cardiac or reconstruction of the second accordance or reconstruction of the second accordance of the second acc	yattsvi	Approximatinterval Bar Onset and		
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or item 23 shows any injury, or other traumatic event, the medical examiner IYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart feltur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificant conditions are suiting in death LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO (OR ALL) LINOSPITAL: 1 Inpatient 2 ER/O 28a. DATE OF INJUE (Month, Day, Yee	SA CONSEQUENCE (SA CON	4739 not antar the monopole of the control of the c	Baltimore oda of dying, such Versi mice og cause given in P	Ave., H es cerdiac or re D) See Part I. 24a. WAS PERI 1 YES	AN AUTOPSY CORMED?	11e, MD 207 Approximatinterval Bar Onset and Approximatinterval Bar Onset and Approximation of State		
18 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner ED BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, of shock, or heart fellur immediate cause or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that intilated events resulting in death) LAST PART II. Other aignificant conditions are sufficient to mediate cause. The cause of the caus	DUE TO (OR ASTALL: HOSPITAL: 1 Inpetient 2 ER/O 28e. PLACE OF INJUE building, etc. (S)	A CONSEQUENCE (A CONSEQUENCE	OF): OF):	Baltimore ode of dying, such Ver() m/c VE., H es cerdiac or rei All 24a. WAS PERI 1 YES Ok only one) Other (Specify) 28d. DESCRIBE HO	AN AUTOPSY FORMED? 2 NO W INJURY OCCUI	11e, MD 207 Approximatinterval Bar Onset and Approximatinterval Bar Onset and Approximation of State			
is marked, or item 23 shows any injury, or other traumatic event, the medical examiner D BY PHYSICIAN: MEDICAL CERTIFICATION	23. PART I. Enter the diseases, of ahook, or heart fellur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions and the cause of the cause	DUE TO (OR ASTALL: HOSPITAL: 1 Inpetient 2 ER/O 28e. PLACE OF INJUE building, etc. (S)	A CONSEQUENCE (A CONSEQUENCE	oF): OF):	Baltimore oda of dying, such place of oearh (Check must At Ork? YES 2 NO ce end place, end due	Ave., H es cardiac or rei D) See Part I. 24a. WAS PERI 1 YES Ok only one) 0 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sin City or Town, Si	AN AUTOPSY CORMED? 2 NO W INJURY OCCUP manner as stated	Approximatinterval Bar Onset and Approximatinterval Bar Onset and Approximation of State of S		



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ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at	AR: After this certificate has been signed by the attending physician and completely filled in by	her death with the State Dent, of Health and Mental Hydriene Drior to burial, cremation, or rem
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JUN 12 '91

Julia Davidson-Randall

	FOR STATE REGISTRAR	STATE OF MARYL		EPARTMEN'			MENTA	REG. NO.	E		
7	1. DECEDENT'S NAME (First, Middle, Last) [EANDER	RE.	LAWRI	ENCE		2, DATE	OF DEATH	ž 9	EAR 3. TH	TO DEATH
	4. SOCIAL SECURITY NUMBER 5.	SEX 8. AGE (in yrs. last b	oirthday) IF UNDER	DAYS	IF UNDER 24 HRS.	/\$40m	OF BIRTH		BIRTHPLACE Country)	(State or Foreign
	243–46–8663	X M 2 □ F 5	57	YRS.	DAYS	HOURS MIN.	Mar	ch 31,	1934		Carolina
	9a. FACILITY NAME (If not institution, give atreet	and number)		9b. CITY	r, TOWN C	R LOCATION OF DE	ATH		9c. COUNTY	OF DEATH	
5	The Francis Scott K	ey Medical	Cent	er	Balt	timore					
2	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY			10c, CITY, TOWN	OR LOCAT	ION				10d. J	INSIDE CITY
E	Maryland			2111 211 411 411 411	timo						LIMITS? YES 2 NO
	10e. STREET AND NUMBER			Dali	7.	. ZIP CODE			10a. CITIZE	OF WHAT	
UNERAL	203 North Monroe S	troot				21217			Ibit	ed Sta	atos
2		. WAS DECEDENT EVER IN	N U.S. ABMI	ED 13.	WAS DEC	ENDENT OF HISPAN	IC ORIGI	N? (Specify Yes	The second second		merican Indian, le, atc.
_	1 Never Married 2 Married	FORCES? 1 YES	2 ZWO		If yes, sp	CONO Specify	n, Puerto			Black, White Specify:	e, atc.
à	3 Widowed 4 Divorced	11 120, 0112 1111 011 01				& EMiro obecity					Black
E	15. DECEDENT'S EDUCATION (Specify only highest grade com-	ON pleted)		EDENT'S USUAL C			16	b. KIND OF BUS	SINESS/INDUS	TRY	
ų l		ollege (1-4 or 5+)	Mu. D	Oo NOT use retired.)							
2	8th grade		Cons	truction	n Wor	rker		Cor	nstruc	tion	
COMPLE	17. FATHER'S NAME (First, Middle, Last)					18, MOTHER'S NA		Middle, Maiden			
n n	Lee And	rew		rence		Fannie				Stanto	חכ
5	19a. INFORMANT'S NAME (Type/Print)	, , , ,				nd Number or Rural I					
_	Fannie Lawrence Tra						1.E.	_			
	20a. METHOD OF DISPOSITION 1 Separate 2 Cremation 3 Removal	from State	other place	(0)		netery, crematory or			CATION — CIT		
	4 Donation 6 Other (Specify)		Maryl			l Memoria		ark L	aurel,	Mary.	Land
	21. SIGNATURE OF FUNERAL SERVICE LICENS	/ A		22.	NAME AI	ND ADDRESS OF FA	CILITY	Latney	's Fun	eral H	Home
	John N Lan	ney JVI			3831	Georgia					
	23. PART I. Enter the diseases, or comshock, or heart fellure. Liet IMMEDIATE CAUSE (Finel disease or condition resulting in death)		ech line.							t,	Approximate Interval Between Onset and Dasth
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	STO-	JENCE OF):	Res	the pol Di	500	el.		C	years years
MEDICAL	PART II. Other algnificant conditions of	ontributing to deeth b	out not re	sulting in the u	nderlyin	g ceuse given in	Part I.	24e. WAS AN PERFOI	RMED?	AMA/IL COM/ OF D	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL				26.1	LACE OF DEATH (Ch	eck only	one)			
<u> </u>		OSPITAL:	netlant 3	OTHE	1	ne 5 🗆 Rasidence					
Ě	27. MANNEY OF DEATH	28a. DATE OF INJURY	patient 3 t	26b, TIME OF	-	JURY AT	-	ESCRIBE HOW	NJURY OCCU	RED	
	1 Netural 5 Pending	(Month, Day, Year)		INJURY M	W	YES 2 NO					
BY	2 Accident Investigation 3 Suicide Could not be	28a. PLACE OF INJURY	Y — At hom	ne, farm, street, fa			20f. LO	CATION (Street	and Number or	Rural Route I	Number,
	4 Homicide determined	building, atc. (Spe-	offy)				Cit	y or Town, State,)		
COMPLETED	29a. CERTIFIER 1 DEPTIEVING PHYSICIA	N: To the heat of t	dodes de-	th non	Alme de	and alone and a	4.4	numatrà 4	الانتوال		
E I	(Check only one) 2 MEDICAL EXAMINER: C	N: To the best of my know									menner se stated
응		211			оринон,			a	,		
BE	29b. SIGNATURE AND TITLE OF STATISHED	0/22 7	w			29c. LICENSE NUI	MBER	5	29d. DATE S	SIGNED (Mon	In, Day, Year)
2	30 NAME AND ADDRESS OF BERSON WILLS	OMBI EDED CAUSE OF DE	EATH STEEL	27) (3-04-04-04-04-04-04-04-04-04-04-04-04-04-	lbo :	120 10	0	/ lu TZ	1-1:	-3-	//
	30. NAME AND ADDRESS OF PERSON WHO C	13110	A TI		Dela THE	rancis	COL	L Key N	redica.	L Cent	er
	21 DATE EN ED Monte Con Visit	Tan DECISION AND AND	//	mo	pali	cimore, N	ary.	Laiki			
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	THUINE								

TO BE COM	TO BE COMBI ETED BY BUYCICIAN, MEDICAL CERTIFICATION
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
al.	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.
he funeral director, page 5 should be detache	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache
ir death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hosp
BALIIMURE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

KUNAR

32. REGISTRAR'S SIGNATURE
Julia Davidon Randage

31. DATE FILEO (Month, Dey, 1)

	FOR STATE REGISTRAR	STATE OF I	MARYLAND	/ DEPAR	TMENT ICATE	OF H	EALTH DEAT	AND I		HYGIEN REG. NO.		91	18172
	1. OECEDENT'S NAME (First, Middle, Lest) HAZEL	3. LU1	PRIK	N					2. DATE OF MONTH		y (YEAR 3	GOOP M
	4. SOCIAL SECURITY NUMBER	5. SEX	8. AGE (In yrs.		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, I	Day Manri	1000	Country)	ACE (State or Foreign
	255-36-5663 98. FACILITY NAME (If not institution, give si	1 M 2 (C)(F		61 YRS.	ab CITY	TOWN	R LOCATION	ON OF OF		1/,	_	GEO1	rgia -
Н	Greater Laurel Be	,	Hosnit	a l		aur		ON OF OR	EAIN.				George
TO.	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNTY		-		Y. TOWN O								
DIRECTOR	Haryland Prin	ce Georg	9		urel							1	Od. INSIDE CITY LIMITS? YES 2 XXNO
VERAL	4907 Greencastle						2070				U	ISA	AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 MMerried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES 2	ARMED NO	1	f yea, spe	ENDENT Control 2 X VNO	n, Maxica	NIC ORIGIN? in, Puerto Ric y:	(Specify Yea an, stc.)	or No—	14. RACE - Black, 1 Specify:	- American Indian, White, etc.
9	15. DECEDENT'S EDUC (Specify only highest grade		16a.	DECEDENT'S	work done o	CUPATIO	ON st of working	ng	18b. K	IND OF BUS	SINESS/IND	USTRY	
COMPLETED	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5 UNKNOWN		iii. Do NOT u)Wner	se retired.)				F	loral			
MO	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Mic		Sumame)		
BE C	Charles McMillan								Heads				
0	David Lupprian								Houte Number Lau			Code)	
			20b. PLA	CE OF DISPO					Lau	7	CATION —		n, State
ļ	20e, METHOO OF OISPOSITION Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)	oval from Stata		'qe lia	shind	ton	Сен	eter	У	Ade	lphi,	GI	
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.	NAME AN	Fun	ss of FA	Home	. Inc			
	/ dallo	Weal	el.		76	501	Sand	y sp	ring	Road	Laur	el,	iD 20707
	23. PART I. Enter the diseases, or a shock, or heert fellure. IMMEDIATE CAUSE (Finel	list only operati	me un each	Ina.									Approximate Interval Between Onset and Death
В	disease or condition resulting in deeth)	e. OUE TO	COP AS A CON	SEOUENCE ()F):	ac	lu	w	, M	M	w	ac	
CERTIFICATION	Sequentially list conditions, if eny, leading to immediate	bDUE TO	(OR AS A CON	SEQUENCE (OF):								
ICA	cause. Enter UNDERLYING CAUSE (Disease or Injury	c.	(OR AS A CON	SECTION (NE).								
H	that initiated evanta resulting in death) LAST	OGE IC	(On As A COR	SECUENCE (nr):								į
	PART II. Other significant condition	o,	double built on		In the rea	al a advelar		elves la	Don't I	24a. WAS AN	ALTTOREY	I aas v	VERE AUTOPSY FINDINGS
CAL	PANT II. OTHER SIGNICANIC	o contributing to	daatii but ji	or resulting	m are or	iuanyini	y causa	given in		PERFOI	RMED?	1 6	WAILABLE PRIOR TO COMPLETION OF CAUSE
/ED										1 1 163 2			OF DEATH?
N.													
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	7		OTHE	₹:			neck only one)				
HYS	1 YES 2 SHO	1 Inpatient 2	FINJURY	28b. TH	ME OF	26c. IN.	JURY AT	esidence	6 Other	(Specify)	INJURY OC	CURED	
Y PHYSICIAN: MEDICA	1 Netural 5 Pending 2 Accident Investigation	(Month,	Day, Year)	. IN	JURY		YES 2	□ NO					
8	3 Suicide 6 Could not be determined	28e. PLACE building	OF INJURY — A' , atc. (Specify)	1 home, farm,	atreet, fact	lory, offic	en .		28f. LOCAT	TION (Street Town, State)	and Number	or Rural Ro	ute Number,
ВУ	29e. CERTIFIER 1 CERTIFYING PHYS 0ne) 2 MEDICAL EXAMINE	ICIAN: To the best of											and manner as stated.
8	296. SIGNATURE AND TITLE OF CERTIFIE	mler	t mi	n			29c. LIC	J G	MBER //	6	29d, DAT	SIGNED (Month, Day, Year)
일	30. NAME AND ADDRESS OF PERSON WI	O COMPLETEO CAL	ISE OF DEATH	TEM 27) (7m	o Print)								1

	FOR STATE REGISTRAR	STATE OF MARYLAND			HEALTH AND I	WENTAL HYGIENE REG. NO.	9	1 18173
	1. OECEDENT'S NAME (First, Middle, Last)	Charles H. La	mpart:	er		2. DATE OF DEATH MONTH DAG		3. TIME OF OEATH
	4. SOCIAL SECURITY NUMBER 5	6. AGE (In yrs.				7. DATE OF BIRTH (Month, Day, Year) 8-20-06	8. Bit Co	RTHPLACE (State or Foreign unity) ennsylvania
	9a. FACILITY NAME (If not institution, give street			96. CITY, TOW	N OR LOCATION OF DE		9c. COUNTY O	
DIRECTOR	Greater Laurel Belt	sville Hospit	al	Laure	1		Prince	e George
2	10a. STATE 10b. COUNTY		10c. CIT	TY, TOWN OR LO	CATION			10d. INSIDE CITY
- 1	Maryland Howar	d		Laurel		-53-		1 YES AND
FUNERAL	10e. STREET AND NUMBER				101. ZIP CODE		10g. CITIZEN O	OF WHAT COUNTRY?
N N	P.O. Box 208	2. WAS DECEDENT EVER IN U.S.		40 1110	20725		USA	
i i	1 Never Merried 2/1 Married 3 Widowed 4 Divorced	FORCES? 1 YES 2 FIF YES, GIVE WAR OR DATES		If yes,	specify Cuban, Mexica ES 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	В	ACE — American Indian, lack, White, etc. pecify: Uhite
EIED	15. DECEDENT'S EDUCAT (Specify only highest grade cor Elementary/Secondary (0-12)	riON 18a. College (1-4 or 5 +)	DECEOENT'S (Give kind of life, Do NOT u	B USUAL OCCUPI work done during use retired.)	ATION most of working	16b. KIND OF BUS	INESS/INDUSTR	Y
7	10	The second secon	usine	ssman		Self	f Employ	ved
COMPLEI	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Malden S		
E E	N/A					3. Lampar		
2	Arlene K. Lamparte	r				Poure Number, City or Town	1 - 20)
	20s. METHOO OF, OISPOSITION 1 □ Burial 2 ☑ Cremation 3 □ Remova	20b. PLA			cemetery, crematory or		CATION — City or	r Town, State
	4 Donation 5 Other (Specify)	Balt	imore			tory Lau	rel, Ma	aryland
	21. SIGNATURE OF FUNERAL SERVICE LICEN	2///		22. NAME	AND ADDRESS OF FA	Fleck F	uneral	Home, Inc.
	Lanta.	U easter		7601	Sandy Spr	ring Road L	aurel,	
	23. PART I. Enter the disease, or conshock, or heart feliure. Lis IMMEDIATE CAUSE (Final disease or condition resulting in death)	st only one cause on each I	Ine.	not enter the		haa cardiac or respir	ratory arrest,	Approximate interval Between Onset and Death
	Troubling in aboutly	DUE TO (OR AS A COM	SEQUENCE O	DF): Δ ~νν	uttom vi			
HIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CON	SEQUENCE (OF):	1	200	^	
	CAUSE (Disease or injury that initiated events	DUE TO (DR AS A CON	SEQUENCE O	OF):	cary <	Dineas	e_	
	resulting in death) LAST	Recur-	reus	h C	axcin	nma	Color	21
3	PART II. Other significant conditions of	contributing to death but no	ot resulting	in the underly	dna cause alven in	Part I. 24s. WAS AN	AITTOPSV	24b. WERE AUTOPSY FINDINGS
3	Deribbe			//	Direa	Deneon	MED?	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDI	Good	PALO R	107	1- 6	104	1 TYES 2	≥ MU	OF DEATH? 1 TYES 2 NO
	Diah	eter Meli	Tus					
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	IOSPITAL:			PLACE OF DEATH (Ch	eck only one)		
2	1 🗆 YES 2 🖫 NO 1	Inpetient 2 - ER/Outpetient	_		forme 5 🗆 Residence	6 ☐ Other (Specify)		
	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TII	JURY	INJURY AT WORK? YES 2 NO	28d, DESCRIBE HOW IN	LJURY OCCURED	0
ED B	3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At building, atc. (Specify)	t home, farm,	street, factory, o	ffice	281. LOCATION (Street a City or Town, State)	ind Number or Ru	rel Route Number,
4	29a. CERTIFIER 1 CERTIFYING PHYSICIA	AN: To the best of my knowledge,	, death occur	red at the time,	late and place, and due	to the cause(s) and man	vnor as stated.	
COMPLE	(Original Original Control or Con	On the basis of examination and						ree(s) and manner as stated.
H H	29b. SIGNATURE AND TITLE OF CERTIFIER	Sunh		M.A.	29c. LICENSE NUI	2-5-49	29d. DATE SIGN	NED (Month, Day, Year) - 12 - 9 /
2	30. NAME AND ADDRESS OF PERSON WHO I	COMPLETED CAUSE OF DEATH (TTEM 27) (Typ		lworth.	Also D.	ipodol	M.D. 28727
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATUR	E E	Keni	1001/4	MIL) N	vyruus	(115210)
	JUN 1 9 '91	Lin Kriste.	make	00				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician or THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filed in by the funeral director, page 5 should be detached for use as the burial-transit be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior burial, cremation, or remove, managed in the most and the property of the transmitter event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPAR CERTIF					IENTAL	HYGIENI REG. NO.	9	1	18174
	1. OECEDENT'S NAME (First, Middle, Last)		<u> </u>				T	2. DATE O			3. Т	IME OF OEATH
	Betty Jacqueline		In yrs. last birthday)	IF UNDER	4 VEAR	IF UNDER	A4 MBC	7. DATE OF	2 2	29	PLETTURE A	2/10 M
	214-26-8369	1 🗆 M 2 🔀 F	65 YRS.	MONTHS		HOURS	MIN.	4/28/	1926		Country)	East, MD
- DIRECTOR	9e. FACILITY NAME (If not institution, give st Union Hospital of RESIDENCE OF DECEDENT 10e. STATE Maryland Cec	Cecil Count			kton RLOCATIO h Eas	on st	ON OF DEA	ATH		e. county Ceci	10d	. INSIDE CITY LIMITS?
FUNERAL	32 Rolling Mill L	ane				zip code 2190				10g. CITIZEN	U.S	
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEMENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	l H	MAS DECEI 1 yes, spec YES 2	cify Cube	F HISPANI n, Mexican Specify:	, Puerto Ri	(Specify Yea can, etc.)	or No- 14.	RACE — / Black, Wh Specify: Whit	American Indian, lite, etc.
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done d se retired.)	CUPATION furing most	N t of workin	ng .	16b. I		Home	TRY	
BE	17. FATHER'S NAME (First, Middle, Lest) Fdward Fillmore William, INFORMANT'S NAME (Type/Print)					Ali	ce M	yrtle	ddle, Meiden Boye	Sumame)	del	
2	Shirley L. Lorden									MD 2		
4	20s. METHOO OF DISPOSITION 1 Description 2 Cremation 3 Remote the Property of the Communication of the Communicat	oval from State	o. PLACE ANO OAT cemetary, cremator orth Eas	v or other of	lacat		Cem	6/26		h Fast		
	21. SIGNATURE OF FIGHERAL SERVICE LIC	HISE ARE	a	22. I	NAME AND	a Fu	ss of FAC	L HON	ne			
	23. PART I. Enter the diseases, proshock, prheart fellure. IMMEDIATE CAUSE (Finel disease or condition	List Dnly Dne cause on e	ech line.						ac or respi	ratory arrest	, 2 ,	Approximate Interval Between Onset and Death
	resulting in deeth)	DUE TO (OR AS,A	bero vas	OF):		700	(4) 81	11.				
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A	CONSEQUENCE C	OF):								
CERT	resulting in death) LAST	d										
	PART II. Other significent condition - Myo Cardio - Carolivasi	e contributing to death be a large live large la	out not resulting	in the un	derlying				24a. WAS AN PERFOR 1 YES 2	MED?	AMA COI OF	RE AUTOPSY FINDINGS JLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	, 77	OTHER			EATH (Che	ock only one)			
PHYS	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/Outs 28a. DATE OF INJURY (Month, Day, Year)	26b. Ti	-	aing Home 28c. INJU WOF	JRY AT	sidence	6 Other	, .	NJURY OCCUP	RED	
D BY	1 Netural 6 Pending 2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJURY building, etc. (Spe		street, fact		ES 2	□ NO		TION (Street or Town, State)	and Number or	Rural Route	Number,
	Control of the contro	ICIAN: To the best of my know										d menner as stated.
TO BE C	20b. SIGNATURE AND TITLE OF CERTIFIE	eighters				29c. UC	ENSE NUM	BER		29d. DATE S	IGNED (Mo	nth, Day, Year)
	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	ATH (ITEM 27) (Turn	e Printl								

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Morith, Day, Year)

JUN 25 '91



		sit permit. Pages 1.2.3 m	
BALTIMORE, MARYLAND 21215-0020	urs after death. Page 6 may be retained by the hospital or attending physician	In by the funeral director, page 5 should be detached for use as the burial-tra r removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FLINERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1.2.3 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

	1. DECEDENT'S NAME (First, M	Iddle, Lasi)	JL M	14 11	alla.				2. DATE OF	DEATH	Y 0	YEAR	3. TIME OF DEATH
	ANNIE	- 5	ran II	CVI	ches	5	_		6	24	9		430 Am
	4. SOCIAL SECURITY NUMBER			6. AGE (In yrs.	. last birthday)	IF UNDER 1 YEAR		24 HRS.	7. DATE OF I (Month, De	y, Ybar)		Counti	
	353-30-3587		1 M 2 F	6	2 YRS.					-192			sissippi
~	9e. FACILITY NAME (If not instit	lution, give st	treet and number)	11000		96. CITY, TOW		_			9c. COUP	ITY OF D	EATH
DIRECTOR	RESIDENCE OF DECE	11/61	USLIGH.	4021)	Maur	6 016	61	Dee		1900	+0	0.1
EC		Ob. COUNTY	1		10c. CITY	r, TOWN OR LO	CATION						10d. INSIDE CITY
8	Maryland		Harford				A	berd	een				LIMITS?
	10e. STREET AND NUMBER						101. ZIP COD	E			10g. CITI	ZEN OF V	WHAT COUNTRY?
FUNERAL	32	Hi 11	man Court					210	01		Т	J. S	Δ
5	11. MARITAL STATUS		12. WAS DECEDENT FORCES? 1	EVER IN U.S.		13. WAS 0	DECENDENT O	OF HISPAN	IIC ORIGIN? (S	pecify Yes		14. RACI	E — American Indien, k, White, etc.
BYF	1 Never Married 2 1 Me 3 Widowed 4 Divorce		IF YES, GIVE WA				ES 2 NO		n, Puerto Rica /:	n, etc./		Spec	tty:
									1				Black
COMPLETED	(Specify only h	ENT'S EDUC		16a.	Give kind of v	USUAL OCCUPI work done during a retired.)	ATION most of world	ng	16b. KII	ID OF BUS	SINESS/IND	USTRY	
	Elementary/Secondary (0-12	2)	College (1-4 or 5 +)						7,	d	L = 1		
Ž	12 17. FATHER'S NAME (First, Midd	tto Leat1			House	keeper	44 1107	NEDIO NA	ME (First, Midd	ospi			
	17. PATTER S HAME (FISE, MICC		Cvorray	Dobo	xt aan		16. MOI						
B	19e, INFORMANT'S NAME (Type		v. Grover	RODE.		ADDRESS (Stre	et and Numba		Carrie		nes	Codel	
2	Sharon Finis				1	llman (rdeen,				001
	20e. METHOD OF DISPOSITION			20h BI /		OF DISPOSITI		ADE	DATE	_	CATION -		
	15 Buriel 2 ☐ Cremation 4 ☐ Donation 5 ☐ Other (S	3 🗆 Reme	oval from State	of ceme	tary, crematory	or other place)			6/30				Mississippi
	21. SIGNATURE OF FUNERAL		CENSEE	п	warmee	Cemete	E AND ADDRE	SS OF FA	CILITY	way.	nesix	JLO,1	MISSISSIPPI
	2.1	00	marguel	20					Ma	rzu1	lo Fi	mer	al Service
	23. PART I. Enter the disc					3981	Carr	ollt.	on Roa	d_Up	perco	, Ma	ryland21155
CERTIFICATION	disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):												
MEDICAL C	PART II. Other algnificent	condition	na contributing to o	deeth but n	ot resulting	in the underl	ying couse	given in		a. WAS AN PERFOR	RMED?	248	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE
									_ '	YES 2	. □ NO		OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO	MEDICAL				24	S. PLACE OF E	SEATH #Ch	not only one)			\perp	
	EXAMINER?		HOSPITAL:	ED (Outrod)	1 al/201	OTHER:							
PH TOICIAN:	27, MANNER OF DEATN		1 Inpatient 2 I		28b. TIM	4 Nursing I	INJURY AT	esidence	8 Li Other (S	.,	NJURY OC	CURED	
	Natural 5 Pe		(Month, Da		INJ	IURY	WORK?	⊓ но	200, 52,000			001120	
	a C autota	vestigation	28e. PLACE OF	INJURY — A	At home, farm,	street, factory, o			261. LOCATIO	ON (Street	and Number	or Rural	Route Number,
3	~ _ ~	ould not be termined	building, s	stc. (Specify)						own, State)			
COMPLE	onol —		ICIAN: To the best of a										e) end manner ee stated.
2 2	296. SIGNATURE AND TITLE O	F CERTIFIE	By C-	1.4	2_ (L)	DEA	29c. LIC	ENSE NUI	MBER 152		29d. DAT	E SHENE	D (Month, Day, Year)
2	30. NAME AND ADDRESS OF E	PERSON WH	IO COMPLETED CAUS		(ITEM 27) (Type	Print)	7 "	13	10 2-		C	110	714
					Walter Tally								
	31. DATE FILED (Month, Day, Ye	91	32. REGISTRAF	SIGNATURAL DELLA CAME	RE Mande	92		_					
	JUN 26	JI	7		•								

REGISTRAR		CI	ERTIF	ICATE O	DEATH		REG. NO.						
1. DECEDENT'S NAME (First, Middle, Last)						2. DATE O	F DEATH			IME OF DEATH			
Henry	McCullous	zh				монтн	8-91	AY YE.	AR 1	2:30 P. W			
4. SOCIAL SECURITY NUMBER 239-18-1602-A	5. SEX 12 M 2 F	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS		7. DATE O		6. 6	OUTH	CE (State or Foreign			
9a. FACILITY NAME (If not institution, give	street and number)			96. CITY, TOWN	OR LOCATION OF D	-	,	9c. COUNTY					
#27 AKIN AVENUE				CA	PITAL HE	IGHTS		PRINC	E GE	ORGE'S			
10e STATE 10b COUNT	CE GEORGE	E'S	10c. CIT	Y, TOWN OR LOC	CA	PITAL	HEIG	HTS		. INSIDE CITY LIMITS? YES 2 HO			
10e. STREET AND NUMBER					IOI. ZIP CODE			10g. CITIZEN					
#27 AKIN AVENUE					20	0743		U.	S.A.				
11. MARITAL STATUS 1 Never Married 2 XX erried 3 Wildowed 4 Divorced	FORCES?	NT EVER IN U.S. AF 1 YES 2 XX WAR OR DATES	RMED XO	If yes,	ECENDENT OF HISPA specify Cuben, Mexico ES 2 X NO Specific	en, Puerto Ri			Black, Wh	American Indian, itte, atc. BLACK			
15. DECEDENT'S EDI (Specify only highest grad	UCATION le completed)	(6	live kind of	USUAL OCCUPA work done during	TION most of working	16b, I	KINO OF BU	SINESS/INDUST	RY				
Elementary/Secondery (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)			O 177 179 1		70				
6th grade		M	INIS	LER	1			EMPLOYE	<u> </u>				
17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA			Surname)					
JOHN ROSS		1 40	A A A 10 1044	ELISA GREEN									
MRS. EVELYN McCU	98. INFORMANT'S NAME (Type/Print) MRS. EVELYN McCULLOUGH (WIFE) #27 AKIN AVENUE CAPITAL HEIGHIS, MD. 20743												
20s. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 20c. LOCATION — City or Town, Softer place)													
4 Donation 5 Other (Specify) HARMONY MEMORIAL PARK LANDOVER, MARY 21. SIGNATURE OF FORMER LICENSEE 22. ROLLINGSES FORMER LICENSEE 1. SIGNATURE OF FORMER LICENSEE 22. ROLLINGSES FORMER LICENSEE 23. SIGNATURE OF FORMER LICENSEE 24. SIGNATURE OF FORMER LICENSEE 25. ROLLINGSES FORMER LICENSEE 26. ROLLINGSES FORMER LICENSEE 27. ROLLINGSES FORMER LICENSEE 28. ROLLINGSES FORMER LICENSEE 29. ROLLINGSES FORMER LICENSEE 21. SIGNATURE OF FORMER LICENSEE 21. SIGNATURE OF FORMER LICENSEE 22. ROLLINGSES FORMER LICENSEE 24. ROLLINGSES FORMER LICENSEE 25. ROLLINGSES FORMER LICENSEE 26. ROLLINGSES FORMER LICENSEE 27. ROLLINGSES FORMER LICENSEE 28. ROLLINGSES FORMER LICENSEE 29. ROLLINGSES FO													
21. SIGNATURE OF BOHUMAL REMAICE L	tiest	de			11115 FUN 39 HUNT P				D.C.	20019			
23. PART I. Enter the diseases, or shock, or heart fellure iMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	aM	use on each lin	o.	arcin	oma of			iratory arrest		Approximats Interval Betwee Onset and Deat			
		Renal	Ra	ilmi									
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	O (OR AS A CONSE											
resoluting in death) EAST	d												
PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 □X NO 1													
25. WAS CASE REFERRED TO MEDICAL				26.	PLACE OF DEATH (C	heak only one	•)						
EXAMINER?	HOSPITAL:	☐ ED/Outnotlant	3 DOA	OTHER:	ome 5 Residence		·						
27. MANNER OF DEATH 1 Natural 5 Pending	(Month, Dev. Year)					T		INJURY OCCUR	ED				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE	OF INJURY — At h g, etc. (Specify)	ome, farm.		YES 2 NO		ATION (Street or Town, State	and Number or i	Rural Route	Number,			
29e. CERTIFIER (Check only one) 2 MEDICAL EXAMI									ause(e) an	d menner as stated.			
296. SIGNATURE AND TITLE OF CERTIFIC	IER Z	2 ~	9.		29c. LICENSE NO.	TO 8	3	29d. DATE S		onth, Day, Year)			
30. NAME AND ADDRESS OF PERSON V	WHO COMPLETED CA	USE OF DEATH (IT	EM 27) (7/2	oe, Print)	(washir								

Julia Davidson-Randelle

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Theore after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Proper 1, the filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILED (Month, Day, Year)
JUN 1 2 91

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

'91 3

Kenneth Martin

1 M 2 □ F

5. SEX

Milton

4. SOCIAL SECURITY NUMBER

229-07-9842

1 -

	9a. FACILITY NAME (If no	t institution, give s	treet and number)		9b. CITY,	TOWN OR LOCATION OF DI	EATH	9c.	COUNTY OF	DEATH	
201			ood Avenue		Upp	oer Marlboro	0	Pi	rince	George's	
	Maryland	10b. COUNTY	e George's		y, town of Upper	Marlboro				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
	100. STREET AND NUMB		d Avenue			101. ZIP CODE 207	72	100	10g. CITIZEN OF WHAT COUNTRY? U.S.A.		
	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 D	Married	12. WAS DECEDENT EVER IF FORCES? 1 X YES IF YES, GIVE WAR OR DO WWIII.	V.S. ARMED 2 NO ATES	10	AS DECENDENT OF HISPAI yee, specify Cuben, Maxics YES 2 NO Specifi	NIC ORIGIN? (in, Puarto Ric		o— 14. RA Bir	CE — American Indian, ack, White, etc. selfy:	
		ecedent's edu only highest grade y (0-12)		ille. Do NOT u	work done du se retired.)	iring most of working		IND OF BUSINES		1	
	12 17. FATHER'S NAME (First John Grigs		<u>5+</u> in	High S	ch∞1	Teacher 16. MOTHER'S NA	ME (First, Mid	dle, Malden Surni	ime)	Public Scho	
	19a. INFORMANT'S NAMI		in			(Street and Number or Aural		Belle K City or Town, Sta			
	28a. METHOD OF DISPO 1 Surial 2 Cremi 4 Donation 5 Ot	SITION ition 3 - Rem	oval from State of	b. PLACE AND DAT	E OF DISPO	SITION (Name	11 9	20c. LOCATIO		Town, State Maryland	
	21. SIGNATURE OF FUNE	BAL BERVICE LA		/	22. N	AME AND ADDRESS OF FA	cium Le	e Funer	cal Ho	me, Inc.	
	23. PART I. Entar the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or reapiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									Approximate interval Between Onset and De	
	PART II. Other signif	icant condition	s contributing to death b	out not resulting	g in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO					24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
SICIAIN: IN											
EXAMINER? 1 — YES 2 1 40 HOSPITAL: 1 — Inpetient 2 ER/Outpetient 3 — DOA 4 — Nursing Home 5 Residence 6 — Other (Specify)											
BY Phy	27. MANNER OF DEATH Netural 6 Accident	Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)		JURY M	28c. INJURY AT WORK? 1 YES 2 NO	28d, DEŞCRIBE HOW INJURY OCCURED				
3	3 Suicide 6	Could not be determined	28e. PLACE OF INJURY building, atc. (Spe	/ — At home, farm, city)	erm, street, factory, office 26f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)						
COMPLE	CONSCR OTHY		ICIAN: To the best of my know ER: On the basis of examination							e(s) and manner as stated	
2	29b. SIGNATURE NAME	Va	itah			DI 7	MBER (29	d. DATE SIGN	ED (Month, Day, Year)	
2	30. HAME AND ADDRESS		O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Typ	s, Print)	8926	Woody	ard Rd	#2873	Clinton, Mo	
	31. DATE FILED (Month, E	Day, Year)	32. REGISTRAR'S SIGN	NATURE							

whie Davidson-Randall

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

DAYS

B. AGE (In yrs. last birthday)

DHMH-16 Rev 1/89

91

91

2. DATE OF DEATH

7. DATE OF BIRTH (Month, Day, Year)

March 6,1920

MONTH 06

IF UNDER 24 HRS.

HOURS

08

18177

3:10

8. BIRTHPLACE (State or Foreign

Virginia

FOR STATE REGISTRAR

1 -

	1. DECEDENT'S NAME (First, Middle, Last)	ALONZO,	MATT	45WC		2. DATE OF DEATH MONTH DO	YEAR	3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8. BIR	THPLACE (State or Foreign				
1	579-18-0940	1 ☑ M 2 ☐ F	68 YRS. MC	NTHS DAYS	HOURS MIN.	(Month, Day, Year) 10-12-22	WA.	SHINGTON, D.C				
TOH	Sa. FACILITY NAME (If not institution, give Bouthern Many)	street and number) I land De	* 91	city, towns	or Location of De		9c. COUNTY OF					
DIRECTO	10e. STATE 10b. COUNT	E GEORGE'S	10c. CITY, T	OWN OR LOCAT	CLIN	TON		10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
A	10e. STREET AND NUMBER			101	ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?				
ER	9211 STUART LAN	E			2	0735	U.S	S.A.				
BY FUNERAL	11. MARITAL STATUS 1 \(\int \) \(12. WAS DECEDENT EVER FORCES? 1 _ YES IF YES, GIVE WAR OR	S ZYNO	If yes, sp		NIC ORIGIN? (Specify Yea in, Puerto Rican, atc.) y:	Bio	CE — American Indian, lock, White, etc.				
8	15. DECEDENT'S EDU	JCATION	16a. DECEDENT'S US			16b. KIND OF BU	SINESS/INDUSTRY					
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of work life. Do NOT use n	etired.)	ist or working							
MPL	12th grade		TRUCK D	RIVER		T	RUCKING					
8	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maiden	Surname)					
BE	RICHARD MATTHEW	S			ELIZA	BETH BARNE	S					
0	19a. INFORMANT'S NAME (Type/Print)		100000000000000000000000000000000000000			Route Number, City or Tow						
- 1	MR. ALONZO MATTH					EET, N.E.						
	26. METHOD OF DISPOSITION 1 Deurse 2 Committee 3 Pen 4 Densition 5 Other (Specify)	noval from State	POBLET PLACE AND DATE OF CEMETARY, CREMETERY, CREMETERY OF MEN	other place) ORIAL	PARK		ANDOVER.	Town, State MARYLAND				
	21. SIGNATURE OF PUNERAL DESPICE L	aulei	/			ERAL HOME, LACE, N.E.		o.c. 20019				
	23. PART I. Enter the diseases, or ehock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Listonly one couse on	each line.		30		watery arrest,	Approximate Interval Between Onset and Death				
ATION	Sequentially list conditions, if any, leeding to immediate	bDUE TO (OR AS	A CONSEQUENCE OF):									
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):									
	PART II. Other significant condition	ne contributing to death	but not resulting in	the underlyin	g ceuse given in	Part i. 24a. WAS AN		4b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO				
MEDICAL	5/1 Cran	no Cl	-Say	- 0	honde	1 TES		COMPLETION OF CAUSE OF DEATH? 1 YES 270 NO				
ž			0									
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	LACE OF DEATH (C/	of the second second	ck only one)					
₹	1 ☐ YES ②XNO 27. MANNER OF DEATH	1 Inpetient 2 ER/O			ne 5 Rasidence	e 6 ☐ Other (Specify) 28d, DESCRIBE HOW INJURY OCCURED						
BY PI	1 Netural 5 Pending 2 Accident investigation	(Month, Day, Year		ry wo	YES 2 NO	280. DESCRIBE NOW	INSONT OCCORED					
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	RY — At home, farm, stre	et, factory, offic	oa.	281. LOCATION (Street City or Town, State	and Number or Run)	al Route Number,				
COMPLETED	(Critical Grilly	SICIAN: To the best of my kn IER: On the basis of axamina						e(a) and manner as stated.				
Ш О	296. SIGNATURE AND TITLE OF CERTIPI	ER			29c. LICENSE NU	MBER	29d. DATE SIGN	ED (Month, Day, Year)				
0	(m/as				125	64	1 6/	2 (9)				
5	30. NAME AND ADDRESS OF PERSON W	THO COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, PI		264	An Di	4 nd	2006				
	31. PANE FILED (Mappy Day, Year)	July Daydon				// //						

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

18178

91

,	!	1. DECEDENT'S NAME (First, Middle, Last)	URRELL	CERTIFIC	ATE OF	2.1	REG. NO.	Y O YEAR	3. TIME OF DEATH 4:53 A M
		011.		rs. lest birthday) III	UNDER 1 YEAR	IF UNDER 24 HRS. 7. C	ATE OF BIRTH		THPLACE (State or Foreign
D		- 14	DM20F 78				Month. Day, Year)	Cou	th Carolina
should		9a. FACILITY NAME (If not institution, give street		1		R LOCATION OF DEATH		9c. COUNTY OF	DEATH
1, 2,	CTOR	GREATER LAUREL BE	273VILLE HOS	PITAL	LAUK	EL, MD.		Plance	GEORGES
State of the state	DIREC	MARY LAND PRINCE	GEORGES	10c. CITY, 1	OWN OR LOCATION		delphi		10d. INSIDE CITY LIMITS? 1 X YES 2 NO
nsit perm	ERAL	3120 POWDER	MILL ROA	D	101.	ZIP CODE	0783	10g. CITIZEN OF	WHAT COUNTRY?
attending physician. se as the burial-transit permit.	BY FUN	11. MARITAL STATUS 12 1 Never Married 2 Merried 3 Wildowed 4 Divorced	WAS DECEDENT EVER IN U. FORCES? 1 YES :	2 NO	If yes, spe-	ENDENT OF HISPANIC Of city Cuban, Maxican, Pt 2 NO Specify:		Bit	CE — American Indian, ick, White, etc.
attend use as	TED	15. DECEDENT'S EDUCATI (Specify only highest grade com		Give kind of wor	k done during mos		16b. KIND OF BUS	SINESS/INDUSTRY	
pital or atte	PLET		ollege (1-4 or 5+)	iin. Do NOT use r	,	e(Retired)	Gover	ament	
by the hospital be detached fo at once.	COMPL	17. FATHER'S NAME (First, Middle, Lest)				18. MOTHER'S NAME (
d by ti	BE C	Andrew Hurrell			Sarah S				
5 should notified	0	Ilana Dempsay				nd Number or Runel Roune ,,Fairfi≘l			33
		20a. METHOD OF DISPOSITION	20b. P	LACE OF DISPOSIT	ION (Name of cem	etery commetory or	20c. LO	CATION — City or	Town, State
leath. Page 6 may be tuneral director, page xaminer must be		1 Burial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	Ba T	timore-	ashingt	on Cremat	ory Lai	urel, Ha	ryland
death. Pag tuneral dir i. examiner		21. SIGNATURE OF FUNERAL SERVICE LICEUR	0- 1	7	22. NAME AN	D ADDRESS OF FACILITY	Fleck F	uneral i	lome
0 = 0		23. PART Enter the diseases, or com	weal!	es/		andy Spri			Approximate
ted within an inours after completely filled in by the ial, cremation, or removed: event, the medical		shock, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) a		Lower		e Preu			Interval Between Onset and Death
and com o burial.	CATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A C						
nding phy Hygiene p	CERTIFICA	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	ONSEQUENCE OF):					
w requires that the death been signed by the attenpt, of Health and Mental F 3 shows any Injury, or	MEDICAL	PART II. Other significant conditions of Ox Cin Om a Diabetes 1	ontributing to death but Of Nelli fus	not resulting in	the underlying	g cause given in Par	24a. WAS AN PERFOI	RMED?	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
- % 2 N	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:			ACE OF DEATH (Check	only one)		
PHYSICIAN: The this certificate his with the State Erred, or Hem	HYSI	1 TYES 215 NO 1	Shipetient 2 - ER/Outpeti	lent 3 DOA 4		e 5 Residence 8		IN HIM OCCURE	
After this codeath with t	ву рн	27. MANNER OF DEATH 1 Vertural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	M 1 U	PRIC?	d. DESCRIBE HOW		
TTENDI TOR: A after d	TED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify		eet, factory, office	28	1. LOCATION (Street City or Town, State		ar Houte Number,
	COMPLE	const only	N: To the best of my knowled On the basis of examination of						ne(a) and manner as stated.
Z 20 =		29b. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE	R	29d. DATE SIGI	IED (Month, Day, Year)
_1 .	9E	A TOLOTAS	COMPLETED CAUSE OF DEAT	TH STEM 27 Character	Polost)	D2318		6-	1-91
Z 20 =	ш	30. NAME AND ADDRESS OF PERSON WHO C L. G. BHOJRAJ 31. DATE FILED (Month, Day, Year)	COMPLETED CAUSE OF DEAT	4 GOR	man A		. LAY	REL, N	1-91 1)20707

DHMH-18 Rev 1/89

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

9

	FOR STATE REGISTRAR	STATE OF N			RTMENT				MENTAL HYGIE	-	91	18	180
	1. DECEDENT'S NAME (First, Middle, Lest)			7.					2. OATE OF DEATH	DAY		3. TIME OF	DEATH
	NORMAN JOHN	MILLE	R, SR.						6/7/9		YEAR	10.5	DPM M
		5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH (Month, Day, Year)		8. BIRTI Count	PLACE (State	
1	578-09-8764	1 M 2 D F	79	YRS.	MONTHS	DAYS	HOURS	MIN.	JULY 9,	1911			, DC
/	9a. FACILITY NAME (If not institution, give street	et and number)			9b. CITY	, TOWN O	A LOCATIO	N OF OE		-	NTY OF C		
E.	PRINCE GEORGES HOSE	CENTER			CH	FVFR	LY M	ID		PRIN	NCE (EORGE	
ECTOR	RESIDENCE OF DECEDENT	OLITICAL	`							11111	102		
RE	10a. STATE 10b. COUNTY	DIDIDET			Y, TOWN		ION					10d. INSIDE LIMITS?	
DIR	MARYLAND ANNE A	RUNDEL		GAM	BRIL							1XX YES 2	
₹.	10e. STREET AND NUMBER						ZIP CODE					WHAT COUNTR	Y7
FUNERAL	927 WINTERHAVEN DR	IVE				2	1054			U.S.	Α.		
5	11. MARITAL STATUS 1 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S., AR	MED					IIC ORIGIN? (Specify '	ee or No-	14. RACI Blac	E — American k, White, etc.	Indian,
BY	3 🖾 Widowed 4 🗌 Divorced	IF YES, GIVE W	WAR OR DATES				24 NO			WHITE			
	15. DECEDENT'S EDUCA	TION	16a DE	CEDENT	USUAL O	CCUBATIO	M		16b. KIND OF 8	I I CINESS /IN	DUSTRY		
H	(Specify only highest grade co	omoleted)	/G	ive kind of Do NOT u	work done -	during mos	st of workin	g	DISTRIC			MBIA	
7	12TH GRADE N	College (1-4 or 5 -	" D.C	C. POLICEMAN					POLICE DEPARTME			NT	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						16. MOTE	ER'S NA	ME (First, Middle, Maid	n Surname)			
	JOHN P.	MILI	LER					RGAR		M.	CL	ARK	
BE	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRES:	S (Street a	nd Number	or Rural F	Route Number, City or 7	own, State, Zi	p Code)		
2	JEANNE E. FITZMAUR	ICE	9	27 W	INTE	RHAV	EN DI	RIVE	, GAMBRIL	LS, M	D.	21054	
	20a METHOD OF DISCOSTION 1 LA Burial 2 Germation 3 Germovi		20b. PLACE	OF DISPO	SITION (Na	me of cen	netery crem			OCATION -		own, State	
	1 \(\tilde{\mathbb{L}}\) Burial 2 \(\tilde{\mathbb{D}}\) motion 3 \(\tilde{\mathbb{R}}\) Remove 4 \(\tilde{\mathbb{D}}\) Donation 5 \(\tilde{\mathbb{D}}\) (Specify)	rel from State	FORT	LINC	OLN (CEME'	TERY	-				ARYLAN	D
	21. SIGNATURE OF FUNERAL SURVICE LICES	hden)						S OF FA	S SONS F	TINITIN A	T 770	WE D	
	1421	4 15	10/2										
	000000	110	4 TAUL	WW	4.	139	DWLT	LMOK	E AVE., HY	WII2A	LLLE	, MD .	20/01
		modiantions the	t soussed the de	oth Do		Abo mo	de ad ded		h an annillan an an			l Asses	vi-ata
	23. PART i. Enter the diseases, or commonly or heart failure. List				not anter	tha mo	de of dyi	ng, eucl	h ea cardiec or res	piratory ar		interv	ximate si Between
	immediate cause (Final	ist only one cau	use on each line).				-		piratory a		interv	
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	MULT	IPLE	CER	REBA	ENL	- 14	FAI	RCTS			interv	ei Between
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	MULT	IPLE	CER	REBA	ENL	- 14	FAI	RCTS			interv	ei Between
NO	iMMEDIATE CAUSE (Final disease or condition resulting in death)	MULT	IPLE	CER	REBA	ENL	- 14	FAI	RCTS			interv	ei Between
ATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	MULT DUE TO DUE TO DUE TO	IPLE (OR AS A CONSE	OUENCE O	REBA NTER NTER	RAL	- IN ART	FAI	RCTS EMBOL			interv	ei Between
FICATION	iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions,	MULT DUE TO DUE TO DUE TO	IPLE (OR AS A CONSE	OUENCE O	REBA NTER NTER	RAL	- IN ART	FAI	RCTS EMBOL			interv	ei Between
RTIFICATION	immediate cause (Final disease or condition resulting in death) Sequentiely list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO GANG DUE TO DUE TO GANG DUE TO	OR AS A CONSE	OUENCE O	REBA NTER NTER	RAL	- IN ART	FAI	RCTS EMBOL			interv	ei Between
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TAYLOR

RD,

5402

AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

Lulia Davidson Randall

DUCKE

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31. DATE FILED (Month, Day, Year)
JUN 1 1 '91

20737

RIVERDALE

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aw requires that the death	s been signed by the atter	3 shows any Injury, o
he law requires that the death	e has been signed by the atter	m 23 shows any Injury, o
N: The law requires that the death	ficate has been signed by the atter	item 23 shows any Injury, o
ICIAN: The law requires that the death	certificate has been signed by the atter-	, or item 23 shows any Injury, o
HYSICIAN: The law requires that the death	his certificate has been signed by the atter-	ked, or item 23 shows any Injury, o
IG PHYSICIAN: The law requires that the death	ter this certificate has been signed by the atter	marked, or item 23 shows any Injury, o
NDING PHYSICIAN: The law requires that the death	E. After this certificate has been signed by the atter	Is marked, or item 23 shows any Injury, o
ITTENDING PHYSICIAN: The law requires that the death	CTOR: After this certificate has been signed by the atter	28 is marked, or item 23 shows any Injury, o
OR ATTENDING PHYSICIAN: The law requires that the death	NRECTOR: After this certificate has been signed by the atter	em 28 is marked, or item 23 shows any injury, o
AL OR ATTENDING PHYSICIAN: The law requires that the death	AL DIRECTOR: After this certificate has been signed by the atter	If Item 28 is marked, or item 23 shows any injury, o
SPITAL OR ATTENDING PHYSICIAN: The law requires that the death	VERAL DIRECTOR: After this certificate has been signed by the atter	VT: If Item 28 is marked, or item 23 shows any injury, o
HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death	FUNERAL DIRECTOR: After this certificate has been signed by the atter- menting 25 hours after death with the State Denn of Mouth and Mental	TANT: If them 28 is marked, or item 23 shows any Injury, or
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be seacuted within 24 hours after death. Page 6 may be retained by the hospitations are death.	TO THE FUNERAL DIRECTOR: After this cardificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached the standard of removal	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

MARIO

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ERNEST	die, Last)						DEATH		REG. I			3. TIME	OF DEAT	N
						MTN	OR SR		MONTH 06-	19	199]	2:	14	Р
4. SOCIAL SECURITY NUMBER	5. SEX		GE (In yrs. last		IF UNDER	1 YEAR	IF UNDER 24	HRS. 7.	DATE OF BIRTH (Month, Day, Year	1	8. BIRTI	NPLACE (8		reign
228-42-9793	1 X M	2 🗆 F	59	YRS.	AONTHS	DAYS	HOURS	MIN.	PRIL 20				1	
9a. FACILITY NAME (If not institut					9b. CITY,	TOWN O	R LOCATION	OF DEAT	N	9c. CO	UNTY OF	DEATH		
SHOCK TR			BA	LTIM	ORE			BAL	TIMO	RE CI	TY			
RESIDENCE OF DECED		10c. CITY, TOWN OR LOCATION							10d. INSIDE CITY					
	CHARLES						ON					LIM	ITS?	
MARYLAND 100, STREET AND NUMBER		NAI	JEM	-	ZIP CODE			100 0	TIZEN OF	1 VES 2 NO				
				101.				:-77						
BOX #368		DECEDENT EV	50 W 110 AD				206			_	TED S		_	_
1 Never Merried 2 Mer 3 Widowed 4 Divorced	ried FOR	CES? 1 1 1	YES 2 X N		1	f yes, spe	cify Cuben, 2 X NO	Mexican, I	ORIGIN? (Specify Puerto Rican, etc.)	TSE OF NO-	Blac Spec	E — Amer ck, White, c cily: BLA	Hc.	in,
15. DECEDE	NT'S EDUCATION		16a. DE	CEDENT'S U	SUAL O	CCUPATIO	N		18b. KIND OF	BUSINESS/II	NDUSTRY	Dai	1010	
(Specify only hig Elementary/Secondary (0-12)	hest grade completed	(1-4 or 5+)	(GI	ve kind of wo Do NOT use	ork done o	during mos	it of working							
3RD GRADE	NON		T.IIM	BER 3	TACK				LUMBE	R				
17. FATHER'S NAME (First, Middle			1201.	DDIC C	HOR		16. MOTHE	R'S NAME	(First, Middle, Mail					
BEN MINOR									MINOR					
19a, INFORMANT'S NAME (Type/	Print)		198	. MAILING	ADDRESS	(Street a			te Number, City or	Town, State, 2	Zip Code)			
CECELIA MINOR									YLAND					
20a METHOD OF DISPOSITION 1 Burlet 2 Cremation			20b. PLACE					Pirate		LOCATION -	– City or T	own, State		
23. PART I. Enter the dise	failure. List only	tions thet ca one cause o	used the de on each line	ES	ot enter	the mo	de of dyin	g, auch (Aj	oproxim terval B nset an	ate etw
Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	0		AS A CONSEC											
	conditions contri	buting to dea	th but not r	eeuiting in	the ur	nderlying	ceuse gi	ven in Pa	PER	S AN AUTOPS FORMED? S 2 NO	Y 24	OF DEAT	LE PRIOR	TO
PART II. Other algolificent														
	FDICAL T					24 54	ACE OF DE	ATN (Chart	r ook opel			_		_
25. WAS CASE REFERRED TO M	HOSP				OTHE	R:	ACE OF DE			-	+			
25. WAS CASE REFERRED TO M EXAMINER? 1 X YES 2 □ NO	HOSE 1 Den	atlant 2 - ER		□ DOA	4 🗆 Nur	R: sing Nom	e 5 🗆 Resi	idence 6	Other (Specify)	AW IN HINW	Vollber			
25. WAS CASE REFERRED TO M	HOSF 1 Mp	etlent 2 □ ER . DATE OF INJU (Month, Day, Y	URY bar)	28b. TIME	4 □ Nur OF JRY	R: sing Nom 26c. INJ WO	• 5 🗆 Resi	idence 6	Other (Specify)		,	m r	MDAC	Tr.
25. WAS CASE REFERRED TO M EXAMINER? 12 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident	HOSF 1 Qinp 28- ding stigation	etlent 2 ☐ ER B. DATE OF INJUINATION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF T	bar)	28b. TIME INJU 21:	4 □ Nur OF JRY OOM	R: sing Nom 26c. INJ WO 1 \(\)	• 5 🗆 Resi URY AT RK? /ES 2 🔀	NO [Other (Specify) 8d. DESCRIBE NO	IN AU	ro/au			Т.
25. WAS CASE REFERRED TO M EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per Locident Inve 3 Suicide 6 Coo	HOSF 1 Qing 26 ding etigation	etlent 2 □ ER . DATE OF INJU (Month, Day, Y	URY bar) 01 JURY — At ho	28b. TIME INJU 21:	4 □ Nur OF JRY OOM	R: sing Nom 26c. INJ WO 1 \(\)	• 5 🗆 Resi URY AT RK? /ES 2 🔀	NO [Other (Specify) 8d. DESCRIBE NO DRIVER 81. LOCATION (Sto City or Town, S	EN AUI	O/AU	Route Nun	nber,	
25. WAS CASE REFERRED TO M EXAMINER? YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Per 2 Accident Inve 3 Suicide 6 Coo	HOSF 1 Qinp 28i stigation ild not be	DATE OF INJUINATION O	URY bar) 01 JURY — At ho	28b. TIME INJU 21:	4 □ Nur OF JRY OOM	R: sing Nom 26c. INJ WO 1 \(\)	• 5 🗆 Resi URY AT RK? /ES 2 🔀	NO [Other (Specify) 8d. DESCRIBE NO DRIVER 81. LOCATION (Str.	EN AUI	O/AU	Route Nun	nber,	

PERSON ANNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRARIO SIGNATURE Pandell

My

PENN STREET BALTIMORE, MARYLAND 21201

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8	JNE	ithin	Z
I	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fill	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the
三	F	file	8
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2.	2	2	=

REGISTRAR		CERTIFIC	ATE OF D	EATH	RE	3. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF DE	ATH		3. TIME OF DEATH
Sylvia Alberta M	organ				монтн 6	11	YEAR	8:40 A.M.
4. SOCIAL SECURITY NUMBER		E (In yrs. lest birthday)	UNDER 1 YEAR	UNDER 24 HRS.	7. DATE OF BIF		1991	HPLACE (Stete or Foreign
4. SOCIAL SECONITY NUMBER		and the same of th		URS MIN.	(Month, Day,		Count	ry)
213 09 6410B	1 M 2 N F	83 YRS.			1/2/0	18	PFI	INSYLVANIA
9e. FACILITY NAME (If not institution, give stre	net and number)	9	L CITY, TOWN OR L	OCATION OF DE			UNTY OF	DEATH
SACRED HEART HOST	PTTAT.		TIMBERTA	VID.		AL	LFGAL	ŢŸ
10e, STATE 10b, COUNTY		40- 0/79 1						10d, INSIDE CITY
IDE. STATE		10C. C/11,	OWN DR LOCATION					LIMITS?
MARYTAND ALLEY	ZANV	ਰਾਜ	OSTBURG					1 TYES 2 7 NO
10e. STREET AND NUMBER				CODE		10g. C	TIZEN OF	WHAT COUNTRY?
				21532				II (1 2
RT 1 BOX 2				21332				U.S.A.
11. MARITAL STATUS	12. WAS DECEDENT EVE FDRCES? 1 YE	R IN U.S. ARMED	13. WAS DECENE		IIC DRIGIN? (Spe n, Puerto Rican,		14. RAC	E — American Indian, k, White, etc.
1 Never Married 2 Married	IF YES, GIVE WAR DE	DATES		NO Specify		P(14)	Spec	
3 Widowed 4 Divorced				X				WHITE
15. DECEDENT'S EDUC	ATION	16a. DECEDENT'S US	HAL OCCUPATION		18h KIMD	OF BUSINESS/II	VOLUETOV	MITTE
(Specify only highest grade of		(Give kind of wor	k done during most of etired.)	working	1000 10110	0. 000200		
Elementary/Secondary (0-12)	College (1-4 or 5+)	The second secon	ALL .		OT-TAT	TICATE		
8		HOUSEWI	f.E		OWIN	HOME		
17. FATHER'S NAME (First, Middle, Last)			18	MOTHER'S NA	ME (First, Middle,	Maiden Surneme)	
DAVID SPENCE	סיק			MAT	THA NOT	RTS		
	ш(
194, INFORMANT'S NAME (Type/Print)			ODRESS (Street and I					
DOROTHY HUNT		P. 0	. BOX 28	l, MIDI	AND. M	21542		
20s. METHOD OF DISPOSITION		20b. PLACE OF DISPOSIT	ON /Name of compto	n, cometon or		20c. LOCATION -	- City or T	own State
1 (XBuriel 2 Cremetion 3 🗆 Ramo	val from State							
4 Donation 5 Dother (Specify)		FROSTBUR	G MEMORIA	AL PARE	`	FROSTB	UNG.	MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LICE	INSEE	/	22. NAME AND	DDRESS OF FA	CILITY		ר מכוינות	HOME
I NI	(//)	1-				VERS FU		
Y / Window	YII	DOWERS)	60 W. M	AIN ST.	, FROS	BURG,	MD 2	1532
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (DR A	S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF):	ma a					Menthe
resulting in death) LAST								
	41 - h 11-			-N. V.	- I -			T
PART II. Other aignificant conditions			the underlying c	ause given in	Part I. 24a.	WAS AN AUTOPS PERFORMED?	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
Gastre out	let Obs	Fraction!			1,0	YES 2 DAG		COMPLETION OF CAUSE
Codin 1	estine h	0 00 1	o DA	urel	' _			OF DEATH?
Gentro mil	Janes de	ou orray	L. TRE	will				1 YES 2 ND
effusein.	Congert	and Co						
25. WAS CASE REFERRED TO MEDICAL	Ü	1-12-1	26. PLAC	E OF DEATH (Ch	neck only one)		-	
EXAMINER?	HOSFITAL:		THER:					
1 YES 2 NO	1 npstlent 2 ER/C		☐ Nursing Home					
27. MANNER OF DEATH	(Month, Day, Yea		OF 28c. INJURY WORK		28d. DESCRIB	E HOW INJURY	OCCURED	
1 Natural 6 Pending Investigation				2 NO				
a C a th	28e. PLACE DF INJ	JRY - Al home, farm, str	et, fectory, office		28I, LOCATION	(Street end Num	ber or Rura	Route Number
3 Suicide 8 Could not be 4 Homicide determined	building, atc. (City or Tow			
29a. CERTIFIER 1 D CERTIFYING PHYSIC	NAN: To the best of my k	noulades death secured	at the time date on	d place, and div	to the seconds	and	et et e d	
CONSUM ONLY								and a second second second
2 MEDICAL EXAMINE	: Un the beele of examin	mon and/or investigation,	in my opinion, deat	n occured at the	lime, date and p	place, and due lo	The couse	(a) end menner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	01	(,	1 20	Pc. LICENSE NU	MOEA	29d f	ATE SIGNE	D (Month, Day, Year)
The state of the s)(Jandhi	1700	11	111/11	200.0	27	111/01
	-	J on elim	otw	0	1404		0/	1777
30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, F	rint)				1	
S. L. SANDHIR, M	ם בסרכיוים	URG COMMUN	דחע אחכם	דתיי∆ד ד	וו זבוידים הבי	C MD	2152	2
			TTT 11005	ד זכארוי ן	COULDO	עויו , דייי	ديري	۵
THE PARTY OF THE PROPERTY OF THE PARTY OF TH								
31. DATE FLUNGING 8: 1991	THE PERSON	HOWITHE						

		Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21215-0020	tter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 st	
BALTIMORE,	ter death. Page 6 may be	the funeral director, page	oval.

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physics TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It liem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

KARL L	EON	MCKEN	ZIE					2. DATE OF DEATH	18	91	3. TIME OF DEATH 21:53
4. SOCIAL SECURITY NUMBER 214-07-3260	6. SEX	6. AGE (In yrs. last 81	birthday) YRS.	IF UNDER	DAYS	HOURS	24 HRS. MIN,	7. DATE OF BIRTH (Month, Day, Year June 29,	1909	Cour	HPLACE (State or Foreign itry) nsylvania
9a. FACILITY NAME (If not institution, give st SACRED HEART HO						DR LOCATI				UNTY OF	DEATH
RESIDENCE OF DECEDENT 100. STATE 10b. COUNTY Maryland All	egany		W. Lew	y, town o							10d. INSIDE CITY LIMITS? 1 YES 2 1 NO
100. STREET AND NUMBER ROute 2 Box 3	10f. ZIP CODE 2.1.532						10g. CITIZEN OF WHAT COLUMN S.A.				
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	TEVER IN U.S. ARM YES 2 NO WAR OR CATES PACIFIC		10.0	13. WAS DECENDENT OF HISPANIC ORIGIN? (Spill yes, specify Cuben, Mexican, Puerto Rican, 1 YES 2 NO Specify:			n, Puerto Rican, etc.		CE — American Indian, ick, White, atc.		
15, OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5	(GA	ne kind of the Do NOT us		during mo	ost of worki		16b. KIND OF		NDUSTRY	
17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NA	ME (First, Middle, Me.	den Surname))	
Joseph		McKenz	ie			S	amar	tha	1	Warn	er
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING					Route Number, City or			
Louise McKenzi	е		Rt.	2 Bo	x 36	69 F1	ostl	ourg, Md.	2153	2	
20a. METHOD OF DISPOSITION 1 Carrier 2 Cremetion 3 Rem 4 Donation 5 Other (Specify)	ovel from State	20b. PLACE						6/22/91			
21. SIGNATURE OF FUNERAL SERVICE LIC		1		- 1		nd addre		Frostbur	t Fun g, Md		
IMMEDIATE CAUSE (Finsi disease or condition resulting in death)		relito (ch es cardiec or r	,	srrest,	
	b. Due to		PLUENCE O	1'C F1: H1: C7:	S	hoe I	K	2: Z Dive	,	sirest,	Interval Betwe
Sequentisity list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO DUE TO d.	OR AS A CONSECUTION OF AS	DUENCE O	16 F1: F1: C7:	S.	hoe I B	.K	2: 2 deine	S AN AUTOPS		Interval Betwee Onset and Date Onset and Date Onset and Date Onset and Date Onset On
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Sequentistiy list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	b. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF INJURY — At hor, etc. (Specify)	DUENCE OF DUENCE	OTHE 4 Number of street, fac	26. P	PLACE OF I	given in	Part I. 24a. WA. PEI 1 YE 1 YE 24b. LOCATION (St. City or Town, St. control on the cause(e) and a time, date end place	S AN AUTOPS FORMED? S 2 DATO W INJURY (manner as 6 a, end due to	DCCUREO ber or Rura stated.	Interval Betwee Onset and Data 4b. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Sequentisity list conditions, if sny, lesding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	b. DUE TO b. DUE TO c. DUE TO d	(OR AS A CONSECTION OF INJURY — At hor, etc. (Specify)	DUENCE OF DUENCE	OTHE 4 Number of street, fac	26. P	PLACE OF I	given in DEATH (Cl desidence NO e, and du ured at the	Part I. 24a. WA. PEI 1 YE 1 YE 24b. LOCATION (St. City or Town, St. control on the cause(e) and a time, date end place	S AN AUTOPS FORMED? S 2 D NO OW INJURY Commence and Number as a se, and due to 29d. D	OCCUREO ber or Rura stated. the cause ATE SIGNI	4b. WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NOTE: The control of the c

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· protect than a series of the

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Dr. H.C.

Merrick

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	FOR 1 - STATE REGISTRAR	STATE OF M	IARYLAND / CE		RTMENT OF			MENTAL	. HYGIENI REG. NO.	E	91	18184
	1. OECEOENT'S NAME (First, Middle, Last)							2. DATE	OF DEATH	Y	YEAR 3.	TIME OF OEATH
	RUSSELL	J.			MYERS			Jun	e 19,	1991		7:10 A M
	4. SOCIAL SECURITY NUMBER 217-10-5706	6. SEX	8. AGE (In yrs. last	birthday) YRS.	MONTHS DA		ER 24 HRS, B MIN.	(Month	DE BIRTH , Day, Year) 13-191	- 1	Country) WV	CE (State or Foreign
	9a. FACILITY NAME (If not institution, give at	reet and number)			9b. CITY, TO	VN OR LOCA	TION OF D		10 101	_	TY OF OEATI	4
OR	Memorial Hospital	& Medic	al Cente	275	Cumbe	rland	l			A11e	egany	
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY				Y, TOWN OR LO	CATION						I. INSIDE CITY
OIR OIR	MD Allegar	287		100	berland							LIMITS?
	10e. STREET AND NUMBER	1y		Can	OCT TOUR	101. ZIP C	DDE			10g. CITIZ		COUNTRY?
ER/	257 Columbia Str	eet				21502	2			USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE W	YES 2 N AR OR DATES	MED IO	If yes	DECENDENT s, specify Co YES XXX N	iban, Mexica	en, Puerto F	? (Specify Yes tican, etc.)	or No-	I4. RACE — Black, W Specify: Whi	
	15. OECEDENT'S EOUG	ATION			USUAL OCCU		74	16b.	KIND OF BUS	I INESS/INDU		-
E	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +	life	ve kind of Do NOT u	work done durin se retired.)	g most of wo	rking					
COMPLETED	12			mer					Feder	al Pr	intin	g Co.
Ö	17. FATHER'S NAME (First, Middle, Last)					18. M	OTHER'S NA	AME (First, A	Aiddle, Maiden	Sumame)		
BE	Dorsey Myers						ary I					
2	19a. INFORMANT'S NAME (Typo/Print) Mr. James Myers				ADDRESS (St						Code)	
Н	20s. METHOD OF DISPOSITION		_	_	E OF OISPOSIT			DATI			ity or Town,	State
	SSC Buriel 2 ☐ Cremetion 3 ☐ Rame 4 ☐ Donation 5 ☐ Other (Specify)	oval from State			Memori		rden			ale, l		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		/-	22. NAM SCO Cum	rpell berla	i Fu	neral MD 21	Home 502			
	23. PART I Enter the diseases, or canock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau	t caused the da se on each line (OR AS A CONSEC	19.Q.	not enter the			ch aa caro		0	st,	Approximate Interval Batween Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEC	DUENCE O	PF):							
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	e contributing to	desth but not r	esuiting	In the under	lying ceus	e given in	Part f.	24a. WAS AN PERFOR 1 YES 2	MED?	AM CO OF	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL					e DI 407 0	E OFATAL CO					
SICI	EXAMINER?	HOSPITAL:	ER/Outpatient 3	□ DOA	OTHER:	6. PLACE O	A-Diam	o X succ	C.S. IIII	-		
ву рну	27. MANNER OF CEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF (Month, D		26b. Till IN	JURY	WORK?		28d. DES	CRIBE HOW I	NJURY OCC	URED	
	3 Suicide 6 Could not be 4 Homicide determined	26a. PLACE O building,	F INJURY — A1 ho atc. (Specify)	me, farm,	street, factory,	offica		281, LOC C/ty	ATION (Street a or Town, State)	and Number	or Aural Rout	e Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYINO PHYSI											d menner as stated.
BE	29b. SIGNATURE AND TITLE OF CERTIFIES	Herry	1				10ENSE NU	JMBER		29d. DATE	SIONEO M	orith, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CALL	SE OF DEATH ATE	M 270 /Em	a Delasti						0	1 17

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Memorial Hospital Medical Building

1. DECEOENT'S NAME (First, Middl	e, Last)			4 34	2. DATE	OF DEATH			3. TIME OF DEATH
PAUL	SUMPTER		MARCUN	Л	06	1 0/		YEAR Q 1	
4. SOCIAL SECURITY NUMBER		L AGE (In yrs. last birthday		IF UNDER 24 HRS.		OF BIRTH			1:13 A
220-88-3960	11 M 2 □ F	18 YRS.	MONTHS DAYS	HOURS MIN.		28,19	73	Count	ryland
9e. FACILITY NAME (If not institution	n, give street end number)		96. CITY, TOWN	OR LOCATION OF D		20,1)	9c. COUNT		
CARROLL COUNT	Y GENERAL		WESTMIN	NSTER	60		CARR	OLL	
10e. STATE 10b.	COUNTY	10c. C	CITY, TOWN OR LOCA	ATION					10d, INSIDE CITY
Maryland	Carroll		Mt	. Airy					1 X YES 2 NO
100. STREET AND NUMBER 809 N. Ma	in St.		10	01. ZIP CODE 21771	1			EN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Widowed 4 Divorced	EODOESS 4	EVER IN U.S. ARMED YES 2 NO R OR DATES	If yes, s	CENDENT OF HISPA pecify Cuben, Mexic S 2 NO Spec	en, Puerto I		or No—	14. RACI Blac Spec	E — American Indian, k, White, etc. //y: White
15. DECEDEN (Specify only highs Elementary/Secondary (0-12)	T'S EDUCATION set grade completed) College (1-4 or 5 +)	(Give kind of life, Do NOT	r's usual occupat of work done during in use retired.)	TON nost of working	16b.	KIND OF BU	h Sch		
17. FATHER'S NAME (First, Middle, Kenneth		eum	- S	16. MOTHER'S N		Middle, Maiden a Jane		ner	
190. INFORMANT'S NAME (Type/Pr Kenneth J.		100	No Address (Street				- 100		
20a. METHOD OF DISPOSITION 1 1 Burlel 2 □ Cremation 3			ATE OF OISPOSITIO		DAT	E 20c. LO	CATION — C	ity or To	own, State
177 Burnel 2 Cremation 3	Hamovai from State	of cemetary, cremate	ory or other place)		111	20	N/L A		363 0700
4 Donation 5 Other (Spec	ify)	of cemetary, cremate Pine (irove Cen	netery	0/4	40	MU. A	lry	, Ma. 217
21. SIGNATURE OF FUNERAL SEF	VICE LICENSEE		22. NAME /	AND ADDRESS OF F	SWOT	th, P.	Α.		, Md. 2177 20872
21. SIGNATURE OF FUNERAL SEF	Molesun	Caused the death. Do	22. NAME / Olir 2640	AND ADDRESS OF F 1 L. Mole 01 Ridge	Rd.,	th, P. Damas	A.	Md.	20872 Approximate Interval Betw
21. SIGNATURE OF FUNERAL SEF	es, or complications that failure. List only one cause	caused the death. Do e on each line.	22. NAME OLIT OLIT 2640 o not enter the m	AND ADDRESS OF F 1 L. Mole 01 Ridge	Rd.,	th, P. Damas	A.	Md.	20872 Approximate Interval Betw
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PENN STREET, BALTIMORE, MARYLAND 21202



1991

1000, 7.0. 50A 13149, 50AL 1000L, MARIE 1210 21203-3140	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 🚣 wours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Presented within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If then 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF VITAL RECORDS, F.O. BOA 13148,	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical example.	

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Konrad W. 31. DATE FILED (Month, Day, 1UN 27 1991

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DECEDENT'S NAME (First, Middle, Last)		- Land -3-		14F11			2. DATE OF E	DAY		EAR	TIME OF DEATH
		atrick		McE1h	-	IDER 24 HRS.	June	-		91	9:30 a MCE (State or Foreign
None	5. SEX	8. AGE (In yrs. In:	YRS.	MONTHS	DAYS HOUR		7. DATE OF B (Month, De) Dec.	13,	1908	Country)	tland
. FACILITY NAME (If not institution, give :	street and number)			9b. CITY, 1	TOWN OR LOC	ATION OF DE	HTA		9c. COUNTY	OF DEAT	Н
Frederick Memor	rial Hospi	tal		Fr	ederic	k			Fre	ederi	ck
e, STATE 10b. COUNT	TY		200	TY, TOWN OR							d. INSIDE CITY LIMITS? YES 2 NO
s. STREET AND NUMBER 12 Swinton Place	æ				10f. ZIP C	552 EA			7	of wha	nd
. MARITAL STATUS	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 25		N.	AS DECENDEN	T OF HISPAI	NIC ORIGIN? (Si in, Puarlo Ricar y:			Black, W	American Indian, /hita, etc.
Widowed 4 Divorced	660			1					1		White
15. DECEDENT'S EDU (Specify only highest grade Elamentary/Secondary (0-12)			Give kind of a. Do NOT u	Work done du lee retired.)	iring most of wo	orking	1		iness/indus		
9 FATHER'S NAME (First, Middle, Last)						OTHED'S NA	ME (First, Middl				
Dennis	м	cElhero	n		-	Marjo		0, 11/18/00/17 C	Julianny	Mo	Gill
a. INFORMANT'S NAME (Type/Print)	- 11			G ADDRESS			Route Number, C	Olty or Yown	, State, Zip Ci		GIII
Anne Patricia Gi	1rov		60 C	edar	Avenue	. Too	net Va	llev.	New	Vork	11560
□ Buriel 2		other p	oface)	Memo.	rial G	arden			ederic		aryland
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M.D., 915 Tollhouse Avenue, Frederick, Maryland

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TO BE COMPLETED BY FUNERAL DIRECTOR

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DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach	II, crema	tem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once,	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR DECEDENT'S NAME (First, Middle, Lest)		CE		AIL OF	DEATH	2 DATE	REG. NO.		1 2	TIME OF DEATH
SALUSTIANT	3.	OLI	VEIR	A.		MONTH 06		Y à	EAR	8:357
	s. SEX	6. AGE (in yrs. last	,	UNDER 1 YEAR	IF UNDER 24 HRS.	-	OF BIRTH	, -1		ACE (State or Foreign
	M 2 F	76		NTHS DAYS	HOURS MIN.	(Month	, Day, Year)	- 1_	Country)	
FACILITY NAME (If not institution, give street		76		CITY TOWN	OR LOCATION OF D		13/91	9c. COUNTY	raz	
HOLY CROSS HOS										
SIDENCE OF DECEDENT	PITAL			Silve	r Sprir	1q		Mont	gom	ery
. STATE 10b. COUNTY			10c. CITY, TO	OWN OR LOCA	TION				10	Dd. INSIDE CITY
D.C.			Wash	hingt	on				1	YES 2 NO
STREET AND NUMBER				10	H. ZIP CODE			10g. CITIZEI	N OF WH	AT COUNTRY?
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		T EVER IN U.S. ARM			CENDENT OF HISPA				RACE -	- American Indian, White, etc.
Never Merried 2 Merried Widowed 4 Divorced	IF YES, GIVE W		,		pecify Cuben, Mexico S 2 NO Speci		ncan, etc.;		Specify:	
					zilian				His	panic
15. DECEDENT'S EDUCA' (Specify only highest grade co	TION Impleted)	/Gh/	a kind of work	done during m	ON ost of working	16b	KIND OF BUS	INESS/INDUS	TRY	
	College (1-4 or 5 d)	Do NOT use re		_					
th grade		Do	mesti	ic Wo.			I/A			
FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	AME (First, I	Viddle, Malden	Surname)		
Antonio Santia	10				Maria					
. INFORMANT'S NAME (Type/Print)					and Number or Rural					
Edna O. Woodard	i	20	05 Wc	odbe:	rry Str	eet				
. METHOD OF DISPOSITION Burlel 2 Cremation 3 Remove	al from State	20b. PLACE A of cemetary, of		other place	N (Name	OAT	20c, LOC	CATION — CIT	y or Town	, State
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SIGNATURE OF FUNERAL SERVICE LICE	SEE				ND ADDRESS OF FA					
11/201 V	100			TAT II	Dagon	Dinn	T	T		
- n. 1	roco	7			Bacon				5.7 1	h D.G
3. PART I. Enter the diseases, or co	molications tha	t caused the dea	ith. Do not	3447	14th S	tree	t. N.	W.	Wasl	
B. PART I. Enter the diseases, or conshock, or heart feliure. Li			ith. Do not	3447	14th S	tree	t. N.	W.		Approximate interval Between
shock, or heart failure. Li	st Dnly one cau	ise on each line.		3447 antar tha m	14th S oda of dying, su	tree	t. N.	W.		Approximate interval Between
shock, or heart failure. Li IMEDIATE CAUSE (Final sease or condition	st only one cau	see on each line.	Int	3447 antar tha m	14th S oda of dying, su	tree	t. N.	W.		Approximate interval Between
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AGNES M.	OFENSTEIN			10	MONTH DA		AR 0.770M M
4. SOCIAL SECURITY NUMBER	7	E (In yrs. last birthday)	UNDER 1 YEAR		DATE OF BIRTH		BIRTHPLACE (State or Foreign
579-03-4729	1 🗆 M 2/12 F	85 YRS. MON	ITHS DAYS	HOURS MIN.	(Month, Day, Year) Sarch 5.]		country) ashington, DC
9a. FACILITY NAME (If not institution, give	street and number)	9b.	CITY, TOWN O			9c. COUNTY	
PRINCE GEORGE'S	HOSPITAL CE	NTER	CHE	/ERLY		PRI	NCE GEORGE!S
	TY	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY
	ce George's	Largo)				1 VES 2 NO
THE RECEIPT OF THE RESERVE			101.			10g. CITIZEN	OF WHAT COUNTRY?
	12 WAS DECEDENT EVER	IN II S ADMED	12 WES DEC		OBIOIN3 (Specify Voc	U.S.	
1 Never Merried 2 Merried	FORCES? 1 TYE	S 2 1 NO	If yes, spe	city Cuban, Mexican, I		- IN.	RACE — American Indian, Black, White, etc. Specify:
101							ucasian
(Specify only highest grad	de completed)	16a. DECEDENT'S USU (Give kind of work life. Do NOT use re	JAL OCCUPATION done during monthined.)	IN st of working	16b. KIND OF BUS	INESS/INDUST	FRY
	College (1-4 or 5+)				Own F	Iome	
17. FATHER'S NAME (First, Middle, Last)		Homemaner		18. MOTHER'S NAME	(First, Middle, Meiden	Surname)	
John Hodgkins				Marie Ke	ef		
1 Buriel 2 Cremetion 3 Re	moval from State	of cemetary, crematory or o	ther place)				
		edat Bill (
· Deven	18 1	uln					
23. PART J. Enter the diseases, or	r complications that caus	sed the death. Do not					, Approximate
IMMEDIATE CAUSE (Final	. List only one cause or	aach lina.	0	1			interval Between Onset and Death
disease or condition reaulting in death)	ACuls	Carollo	Vue	mon	any o	ZUV	U ₂ /
	Atus o	S A CONSEQUENCE OF):	, his	1-1-PM	Aldi	C.	
Sequentially list conditions, if any, isading to immediate	DUE TO (OR A	S A CONSEQUENCE OF):		,	0	1	2
cause. Entar UNDERLYING CAUSE (Disease or injury	·Ono	uma.	15/1	919.	Sync	20	np
that initiated events resulting in death) LAST	DOE TO TOH A	S A CONSEQUENCE OF):			/		
	d						
PART ii. Other algnificant condition	one contributing to death	but not resulting in t	ha undariying	g cause given in Pa			24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
DIGN	CC 117	111 10			1 D VES 2	NO	OF DEATH?
			•		_ 1 120 3		
					-		1 NES 2 NO
25. WAS CASE REFERRED TO MEDICAL	T		26. PI	ACE OF DEATH (Check	-		1 TYES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	MOSPITAL:		THER:	ACE OF DEATH (Check	(only one)		1 Nes 2 No
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 6 Pending	Inpetient 2 ER/O	tutpatient 3 DOA 4 (THER: Nursing Hom F 28c. INJ	e 5 🗆 Residence 6	(only one)	NJURY OCCUR	
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EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not b determined 29e. CERTIFIER (Check only	28e. PLACE OF INJURE DUILDING TO THE DESCRIPTION OF	PRY — A1 home, ferm, street howledge, death occurred a	THER: Nursing Hom Value Nursing Hom Value Nursing Hom Value Nursing Home Nursing	URY AT PES 2 NO 2 and place, end due to	Conly one) Other (Specify) Bid. DESCRIBE HOW I	and Number or	IED Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) MEDICAL EXAMINATION AND TILLE OF CERTIFIER	28e. PLACE OF INJUS (Month, Day, Yea 28e. PLACE OF INJUS building, etc. (S 7SICIAN: To the best of my kr NER: On the basis of examina	Pry Al home, ferm, street poorly) JRY — Al home, ferm, street poorly) powledge, death occurred a strong end/or investigation, i	THER: Nursing Hom F	Position of the state of the st	Conly one) Other (Specify) Bid. DESCRIBE HOW I	and Number or	Rural Route Number,
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only one) MEDICAL EXAMINED AND ADDRESS OF PERSON N	28e. PLACE OF INJUI (Month, Day, Yea 28e. PLACE OF INJUI 28e. PLACE OF INJUI building, etc. (S 7SICIAN: To the best of my kr NER: On the basis of examinal	DEATH (ITEM 27) (Tybe, Pri	THER: Nursing Hom F Y Sec. INJ WC 1 1 3 st, factory, offic it the time, date n my opinion, d	PER S Residence 6 URTY AT PER S 2 NO e 2 and place, end due to lesth occured at the tire 29c LICENSE NUMB	Other (Specify) 186. DESCRIBE HOW I 186. LOCATION (Street City or Town, State) 186. the cause(e) and maine, date and place, and	mor as stated. In or as stated. In or as stated.	Rural Route Number, suse(e) and manner as stated. IGNED (Month, Day, Year)
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 Pending Investigation 3 Suicide 6 Could not be determined 29s. CERTIFIER (Check only one) MEDICAL EXAMINATION AND TILLE OF CERTIFIER	28e. PLACE OF INJUI (Month, Day, Yea 28e. PLACE OF INJUI 28e. PLACE OF INJUI building, etc. (S 7SICIAN: To the best of my kr NER: On the basis of examinal	DEATH (ITEM 27) (Tybe, Pri	THER: Nursing Hom F Y Sec. INJ WC 1 1 3 st, factory, offic it the time, date n my opinion, d	PER S Residence 6 URTY AT PER S 2 NO e 2 and place, end due to lesth occured at the tire 29c LICENSE NUMB	Other (Specify) 186. DESCRIBE HOW I 186. LOCATION (Street City or Town, State) 186. the cause(e) and maine, date and place, and	mor as stated. In or as stated. In or as stated.	Rural Route Number, suse(e) and manner as stated. IGNED (Month, Day, Year)
	9a. FACILITY NAME (If not institution, give PRINCE GEORGE'S FESIDENCE OF DECEDENT 10a. STATE 10b. COUN MARYLAND Prin 10b. STREET AND NUMBER 600 Largo Road 11. MARITAL STATUS 1 Never Merried 2 Merried 35 Widowed 4 Divorced 15. DECEDENT'S EC (Specify only highest grate Elementary/Secondary (0-12) 6 Tr. FATHER'S NAME (First, Middia, Last) John Hodgkins 19a. INFORMANT'S NAME (Type/Print) Barbara Lewis 20c. METHOD OF DISPOSITION 10 Nonation 6 Option (Specify) 21. SIGNATURE OF DISPOSITION 10 Nonation 6 Option (Specify) 22. PART 1. Entar the diseases, o shock, or heart failure immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	9a. FACILITY NAME (If not institution, give street and number) PRINCE GEORGE'S HOSPITAL CE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince George'S 10c. STREET AND NUMBER 600 Largo Road 11. MARITAL STATUS 1 Never Merried 2 Merried 37 Widowed 4 Divorced 15. DECEDENT'S EDUCATION Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +) 6 17. FATHER'S NAME (First, Middle, Last) John Hodgkins 19a. INFORMANT'S NAME (Type/Print) Barbara Lewis 20a. METHOD OF DISPOSITION 15. SIGNATURE OF UMERIAL SERVICE LICENSES 21. SIGNATURE OF UMERIAL SERVICE LICENSES 22. PART J. Enter the diseases, or complications that cause shock, or heart failure. List only one cause or iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST d. DUE TO (OR A. DUE	9a. FACILITY NAME (If not institution, give street and number) PRINCE GEORGE'S HOSPITAL CENTER PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince George'S Largo 10e. STREET AND NUMBER 600 Largo Road 11. MARITAL STATUS 1 — Never Merried 2 — Merried STAWIdowed 4 — Divorced Specify only highest grade completed) [Specify only highest grade completed) [Give kind of work lib. Do NOT use re Homemakes 17. FATHER'S NAME (First, Middle, Last) John Hodgkins 19a. INFORMANT'S NAME (Type/Print) Barbara Lewis 20b. METHOD OF DISPOSITION 151. SIGNATURE OF INFERIAL SERVICE LICENSES 21. SIGNATURE OF INFERIAL SERVICE LICENSES 22. PART Enter the diseases, or complications that caused the death. Do not shock, or heart failure. List only one cause on each line. MMEDIATE CAUSE (Final disease or complications that caused the death. Do not shock, or heart failure. List only one cause on each line. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	9a. FACILITY NAME (If not institution, give street and number) PRINCE GEORGE'S HOSPITAL CENTER PRESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY Maryland Prince George'S 10c. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 10d. CITY, TOWN OR LOCAT Maryland Prince George'S 11d. YES PROCEST 1 YES 2 YES If YES, GIVE WAR OR DATES 11d. YES Processor 10d. CITY, TOWN OR LOCAT If YES 2 YES If YES, GIVE WAR OR DATES 9. FACILITY NAME (If not institution, give street and number) 99. CITY, TOWN OR LOCATION OF DEAT PRINCE GEORGE'S HOSPITAL CENTER RESIDENCE OF DECEDENT 100. CITY, TOWN OR LOCATION OF DEAT PRINCE GEORGE'S HOSPITAL CENTER RESIDENCE OF DECEDENT 100. CITY, TOWN OR LOCATION Maryland Prince George'S 100. CITY, TOWN OR LOCATION Largo 100. CITY, TOWN OR LOCATION Largo 100. Lip code 20772 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 100. COLONTY 11. MARITAL STATE 120. METHOD OF DISPOSITION 130. MAS DECEMENT SUBJULA COCCUPATION (Give kind of work done during most of working list. Do NOT use related.) 100. NOT use related.) 100. MAILING ADDRESS (Street and Number or Plural Routed Date of DISPOSITION (Name of general Routed Date of	Separation Sep	10 10 10 10 10 10 10 10	

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	BALTIMORE, MARYLAND for death. Page 6 may be retained by the host the funeral director, page 5 should be detache oval.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	er must be notified at once.

ANGELES
31. DATE FILED (MONTH, Day, Year)
JUN 24 '91

- STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTMENT (CERTIFICATE		MENTAL HYGIE REG. NO		11 1818
1. DECEDENT'S N/MF /First, Middle, Lest) GAIL	G, OSTWALI	D		2. OATE OF OEATH MONTH JUNE 2:	2 199	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 212-52-2845	5. SEX 6. AGE (In yrs. 1	YRS. MONTHS E	DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	746	BIRTHPLACE (State or Foreign Country)
	HOPKINS HOSPITA		BALTIMORE	EATH	BALT	IMORE CITY
10a. STATE 10b. COUNT	CROLL	10c. CITY, TOWN OR Sykes	LOCATION 3 VIUE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER	LAND PRIVE		21784	7 1 4 4	10g. CITIZEN	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEOENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	PNO If y	S DECENDENT OF HISPA res, specify Cubers, Mexic. YES 2 1 NO Special	an, Puerto Rican, etc.)	bs or No— 14.	RACE — American Indian, Black, White, etc. Specify:
15. DECEDENT'S EDI (Specify only highest gradi Elementary/Secondary (0-12) High Scool 12	e completed)	DECEDENT'S USUAL OCC (Give kind of work done dur life. Do NOT use retired.) MARKETI		A COST OFFICE OF	USINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last) LATE LYNN U	1. GARRISON			AME (First, Middle, Maide / ALICE L		J
19a. INFORMANT'S NAME (Type/Print)		196. MAILING ADDRESS (S	. 4	Route Number, City or R	,,,	21029
20e. METHOD OF DISPOSITION 1 @ Burlel 2 Cremetion 3 Ren	20b. PLA	CE AND DATE OF DISPOS	SITION (Name	DATE 20c. I	OCATION — City	
4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE	22. NA	AME AND ADDRESS OF F		ESIMIN	site MO.
+ Harry -	(1) Thurst	H	WATEH	ADVES SU	Kex	15 1107 1766
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A CON:	utasta SEOUENCE OF): Tue liv	ast Cau sis	Cinon		Onset and De
that initiated events resulting in death) LAST	d. Cram E	Sepses		}		4da
PART II. Other significant condition	na contributing to death but no	ot resulting in the und	erlying cause given in	PERF	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)		
1 YES 2 NO	HOSPITAL: 1 D Inpatient 2 D ER/Outpatient	OTHER:	ng Home 5 🗆 Residence	6 Cher (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending Investigation	28e. OATE OF INJURY (Month, Day, Year)	28b. TIME OF 1 INJURY M	1 YES 2 NO	28d. OESCRIBE HOV	V INJURY OCCU	REO
3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY At	l home, farm, atreet, factor	y, office	26f. LOCATION (Stre- City or Town, Sta		Rural Route Number,
one)	SICIAN: To the best of my knowledge,					
29b. SIGNATURE AND TITLE OF CERTIFI			29c. LICENSE NU			SIGNED (Month, Day, Year)
X. Comitale	t. M.D.		7. H.	H .	16/	22/9/
30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH /	ITEM 27) (Type Print)	10			7
30. NAME AND ADDRESS OF PERSON W ANGELES 31. DATE FILED (Month, Day, Year)	THO COMPLETED CAUSE OF DEATH (ON ZALE Z S2 REGISTRAD'S SIGNATUR SUMMA DAVIDOR	1.00	John	n Hopk	ins H	ospital Baltin

TO BE COMPLETED BY FUNERAL DIRECTOR

examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
rai.	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
the funeral director, page 5 should be detached	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached
er death. Page 6 may be retained by the hosp	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp
BALTIMORE, MARYLAND	DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR 1 - STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTAL HYGIEN	_	71 1013	
1. DECEDENT'S NAME (First, Middle, Last)			IONIE C	breezer.	2. DATE OF DEATH		3. TIME OF DEATH	
Walter Ignation	ıs Plant	, Jr.			June 12,	10:10 A.Mm		
4. SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH	HPLACE (State or Foreign		
577-09-7558	1 🔀 M 2 🗆 F	76 YRS.	MONTHS DAYS	HOURS MIN.	Jan. 8.1915 Wash. D.C.			
9a. FACILITY NAME (If not institution, give a			9b. CITY, TOW	OR LOCATION OF D	EATH O	9c. COUNTY OF	DEATH	
Carroll Manor N	ursing Home		Hyat	tsville,	X	Prince	George's	
Md. Princ	Md. Prince George's New Car							
100. STREET AND NUMBER 5713 83rd Place	5713 83rd Place						WHAT COUNTRY? S.A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	Never Married 2 Married FORCES? 1 YES 2 NO If yes				NIC ORIGIN? (Specify Yea an, Puarto Rican, etc.) fy:	Blac	CE — American Indian, ck, White, etc. city: White	
(Specify only highest grade	t5. DECEDENT'S EDUCATION (Specify only highest grade completed) (Single thing of work done during most of working life. Do NOT use retired,)							
Elamentary/Secondary (0-12)	4years	Ret. Acc			Self	Employe	d	
17. FATHER'S NAME (First, Middle, Last)	470413	nec. nec	Odirean		AME (First, Middle, Maiden		u	
Walter I. Pla	ent. Sr.			V 15. W	a M. Leahy			
19a. INFORMANT'S NAME (Type/Print)	ne, br	19b. MAILING	ADDRESS (Street		Route Number, City or Tow	n, State, Zip Code)		
Anna Plant		57	13 83rd	l Place	New Carrol	lton. Md	20784	
20a. METHOD OF DISPOSITION 1 To Burlal 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from Stata	other place) Mt. Oliv	SITION (Name of	cemetery, crematory or	20c. LO	CATION — City or 1		
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE DA	MIN	France	and address of Facis Gasch	's Sons Fu	neral Ho		
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly liet conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF	F):	der ce	reinm	•	Onset and Death 2 4 COV	
	d							
PART II. Other algorithment condition		but not reaulting i	In the underly	ing couse given in	Part I. 24a. WAS AN PERFO! 1 UYES 2	RMED?	b. WERE AUTOPSY FINDINGS ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C	neck only one)			
1 YES 2 NO	1 Inpetient 2 ER/Ou	rtpatient 3 DOA	4 Nursing H	ome 6 🗆 Raeldence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	26a. DATE OF INJURY (Month, Dey, Year)		URY	NJURY AT WORK?	28d, DESCRIBE HOW	NJURY OCCURED		
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide detarmined	building, etc. (Sp	RY — At home, farm, a secify)	etreet, factory, o	fica	28f. LOCATION (Street City or Town, State)	and Number or Rural	Route Number,	
MEDICAL EXAMINE	ICIAN: To the best of my kno ER: On the bagla of examinat			, death occured at the	time, data and place, ar	nd dua to the cause		
Tely M/	lun			D LL7	80	> 6/12	91 191	
30. NAME AND ADDRESS OF PERSON WH	R MD 75	vo Gres	Print)	y Ctri	Dr. Gree	rself	Me 20770	
JUN 1.4 391	Fulla Davidson-A	andell						



TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR		CERTIF	CATE OF	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH			3. TIME OF DEATH	1
Christie POWERS	3				JUNE	07		991	10:05	Дм
4. SOCIAL SECURITY NUMBER 5.	SEX 6. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH		e. BIRTH	IPLACE (State or For	
219-54-9411	□ M 2 X F 68	YRS.	MONTHS DAYS	HOURS MIN.	(Month, E			Count		
9a. FACILITY NAME (If not institution, give street a			9b. CITY, TOWN	OR LOCATION OF DI		2-22	9c. COU	V1r	ginia	
DOCTORS COMMUNITY HO	SPITAL		LANH						GEORGE	
10e. STATE 10b. COUNTY	George's		tsville						10d. INSIDE CITY LIMITS? X YES 2 1	40
5612 30th Avenue				07. ZIP CODE			10g. CIT		WHAT COUNTRY?	
					NIC ORIGIN? (in, Puerto Ric y:		or No-	Blac	14. RACE — American Indian, Black, White, etc. White	
(Specify only highest grade comp	Homemaker					n Hon		DUSTRY		
7th Nor	ne		. ICT							
17. FATHER'S NAME (First, Middle, Last) Hansford M. Donnell	ls			Effie			Sumame)			
19a. INFORMANT'S NAME (Type/Print) Buford Sturgill			ADDRESS (Street	and Number or Aurel Wise,			n, Stata, Zir. 24293			
20e. METHOD OF DISPOSITION 1	from State	ob. PLACE OF DISPOS	SITION (Name of c	emetery, crematory or			cation – nd Vi			
21. SIGNATURE OF FUNERAL SERVICE LICENS				AND ADDRESS OF FA	ICH ITY	1	-			
· Christina	LX	op an	71	Baltimor	G				al Home e Md 2078	81
23. PART I. Enter the diseases, or comp	plications that caus	ad/tha death bo	and the same of						Approxima	
ahock, or heart feilure. Liet IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	j	A CONSEQUENCE OF	two					Ŀ	Interval Be Onset and	
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	•	A CONSEQUENCE OF	0 4 0	mg C	an Ce	eta	utl	sex		
PART II. Other algoriticant conditions co	ontributing to death	but not resulting	in the underlyi	ng cause given in		4a. WAS AN PERFOR	IMED?	24	b. WERE AUTOPSY FIL AMALABLE PRIOR COMPLETION OF C OF DEATH?	AUSE
	OSPITAL:	utpatient 3 🗆 DOA	OTHER:	PLACE OF DEATH (C)		Specify)				-11-12-
27. MANNER OF DEATH	28a. DATE OF INJUR	Y 28b. TIM	E OF 28c II	JURY AT		RIBE HOW I	NJURY OC	CURED		
Natural 6 Pending	(Month, Day, Year) INJ		YES 2 NO	-					
2 Accident investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJU building, stc. (S)	RY — At home, farm, specify)	street, factory, off	ice		ION (Street a Town, State)		r or Rural	Route Number,	
29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER O									(a) and menner as st	ated.
29b. SIGNATURE AND TITLE OF CERTIFIER	a. Dol			29c. LICENSE NU	71111-77		29d. DAI		(Month, Day, Year)	
30. NAME AND ADDRESS OF PERSON WHO	MPCETSO-CAUSE OF	MEATH (ITEM 27) (Type	. Print)	CKILL	N, N	dr		bl	71.1	
31. DATE FILED (Month, CAN Year) 1 '91	32. REGISTRAD'S SIN	Davidson-Ra	ndell			y				

TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a four after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFALL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cramation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

	l
IN THE HOSPITAL OR ATTANDING PHYSICIAN: The law requires that the death certificate be executed within 24 mount after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After the burial-transit permit. Pages 1, 2, 3 be filed within 72 hours after death with the State Dept. of Health and Mentral Hygerte prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1994	REGISTRAR		CER	TIFIC	ATE OF	DEATH	RI	EG. NO.			
17 27	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF D	DAY	YEAR	3. TIME OF DEATH	
	MARIA PA	LS					JUNE	8, 1	991	3:47 A M	
- 1	4. SOCIAL SECURITY NUMBER	5. SEX 6. A	GE (In yrs. last bir		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B		8. BIRT	HPLACE (State or Foreign	
1	578-50-7445	1 □ M 2√(∑) F	94	YRS.	NTHS DAYS	HOURS MIN.	(Month, Dep. 1-11	97		e r many	
	9e. FACILITY NAME (If not institution, give str	reet and number)		91	CITY, TOWN	R LOCATION OF DE	ATH	9c. C	OUNTY OF	DEATH	
8	Malcolm Grow US	SAF Med. Ct	r.		Cam	o Springs	3		Prince George's		
DIRECTOR	RESIDENCE OF DECEDENT										
2	10a. STATE 10b. COUNTY		OWN OR LOCA	TION			10d. INSIDE CITY LIMITS?				
	Md. Pri	CI	inton					1 TYES 2 NO			
₹	10e. STREET AND NUMBER		10f. ZIP CODE			10g. (CITIZEN OF	WHAT COUNTRY?			
FUNERAL	5610 Spruce Dri					20735				many	
E	11. MARITAL STATUS 1 Never Merried 2 Married	12. WAS DECEDENT EV FORCES? 1 1	ER IN U.S. ARMEI (ES 2 VINO	D	13. WAS OEC	ENOENT OF HISPAN ecify Cuban, Mexice	HC ORIGIN? (Sp n, Puerto Rican	pecify Yes or No-	- 14. RAC Bla	CE — American Indian, ck, White, etc.	
B≺	3 New Months 2 Married	IF YES, GIVE WAR	R DATES			NO Specify			Spe	White	
	15. DECEDENT'S EDUC	ATION	16e OECEI	DENT'S HE	UAL OCCUPATION	ON.	185 KIN	D OF BUSINESS		***************************************	
COMPLETED	(Specify only highest grade	completed)	(Give I	kind of work	done durina ma	st of working	Too. raiv	D OF BOSINESS	WIDOSINI		
2	Elementary/Secondary (0-12)	College (1-4 or 6+)			maker			Own Hor	no.		
<u> </u>	17. FATHER'S NAME (First, Middle, Last)			TIONE	maner	16. MOTHER'S NA	ME (First Middle				
	Johnn Greil					1	zen Gr		~/		
BE	19s. INFORMANT'S NAME (Type/Print)		106 N	IAU ING AS	ODECO (Chart	and Number or Rural I			Tin Code)		
2	Manuel J. Baciac		190. 1			Da-10f.	House Humber, C	aty or lown, state,	210 0000)		
			20h PLACE OF			metery, crematory or		20c. LOCATION	— City or 1	Town State	
	20e, METHOD OF DISPOSITION 1 Notice March	oval from State	Resur	rect	ion Ce	neterv			ton, M		
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	- 1(0.0 012			ND ADDRESS OF FA	GLITY T OC				
	1/21	- 61			1 6633	Old Alex	kander	Ferry I	Road	me, me.	
_	7 1 Don	- Jab			Clin	ton, Md. 2	20735	_			
	23. PART I. Enter the diseeses, or c shock, or heert fellure. I	List only one ceuse of	on each line.	n. Do not	enter the mo	ode or dying, auc	n as cardiac	or respiratory	arrest,	Approximate interval Between Onset and Death	
	iMMEDIATE CAUSE (Fine) disease or condition	CONCECUT	מאקוו פונו	TP TPA	TITIDE					Onset and Death	
	reaulting in deeth)	CONGESTI	AS A CONSEQUE		LLUKE						
_		CEREBRAL	VASCIII	AR A	CCTDEN	г				i	
ō	Sequentially list conditions, if eny, leading to immediate		AS A CONSEQUE		COLDLIN						
A I	ceuse. Enter UNDERLYING	ATHEROSC	LEROTIC	HEA	RT DIS	EASE					
Ĕ	CAUSE (Disease or Injury thet Initieted events		AS A CONSEQUE								
F	reaulting in death) LAST	i									
EDICAL CERTIFICATION	PART II. Other aignificant condition	a contribution to dea	th but not rea	uiting in	the underlyin	a ceuse alven la	Part I 24s	. WAS AN AUTOP	ev 2	Ib. WERE AUTOPSY FINDINGS	
3	TAIT II. OUT AND AND AND AND AND AND AND AND AND AND	e continuously to obs	an but not rea	onling in	are origerlyin	g couse given in		PERFORMED?		AMILABLE PRIOR TO COMPLETION OF CAUSE	
ă							_ 10	YES 2X NO	·	OF DEATH?	
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AN	25. WAS CASE REFERRED TO MEDICAL				00.0	AGE OF BEATH ON					
PHYSICIAN:	EXAMINER?	HOSPITAL:			THER:	LACE OF DEATH (Ch					
14S	27. MANNER OF DEATH	1) Inpatient 2 ER		BOA 4		JURY AT		BE HOW INJURY	OCCUPED		
	1 Natural 6 Pending	(Month, Day, Y		INJUR	Y W	YES 2 NO	280. OESCHI	BE NOW INJUNT	OCCORED		
B	2 Accident Investigation	200. PLACE OF IN	IURY — At home	form ato			284 LOCATIO	N (Street and Nur	nher or Burn	d Boute Number	
8	3 Suicide 6 Could not be 4 Homicide determined	building, atc.	(Specify)	, 100111, 00114	et, factory, offi	•		own, State)	nuer or nure	nous numos,	
COMPLETED	29a. CERTIFIER										
AP.	(Check only	-								o reconcidental addressed	
8	A MEDICAL EXAMINE		nation and/or inv	estigation,	in my opinion,	death occured at the	1lme, date and	place, and due	to the cause	e(e) and menner as stated.	
BE	29b. SIGNATURE AND TITMAS CERTIFIES	H	1.10			29c. LICENSE NUI	MBER	29d.	DATE SIGNI	ED (Month, Day, Year)	
10	WX	Juy	- my					•	8 JU	JN 91	
-	30. NAME AND ADDRESS OF PERSON WHI	17.		27) (Type, P	rint)	MALCO	LM GRO	W USAF	MEDI	CAL CENTER	
	WILLIAM J. FLYNN					ANDRE	WS AFB	, MD	2033	1-5300	
- 1	JIN 13 91	32. REGISTRAR'S									
- 1			H /LL	. 0/2							

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hos	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		
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0.	ar th	tours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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31. DATE FILED (Month, Day, Year)

IUN 24 '91

B.

	1. DECEDENT'S NAME (Firs	Wil	11'Am	Wal	ter PAL	MO	2	MONTH	0-2	-9	EAR	TIME OF DEATH
	4. SOCIAL SECURITY NUM 2/3-0/- 9a. FACILITY NAME (# not	6904	1 M 2 D F	6. AGE (In yrs. les	YRS. MONTHS	DAYS H	OURS MIN.	Month 05-	OF BIRTH Day, Year)	15 8. 9c. COUNT	Country	
DIRECTOR	BALTIMOL RESIDENCE OF DE 10a. STATE	CEDENT 10b. COUNT	Y	SPITA	10c. CITY, TOWN		4	N		BA	1 20	od. INSIDE CITY
ERAL D	10e. STREET AND NUMBER	3	ALROLL HER RU		346		P CODE	·L		10g. CITIZE		YES 2 WANT COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Div	Married	12. WAS DECEDENT	YES 2		If yes, specif	DENT OF HISPAI by Cuban, Mexica NO Specific	n, Puerlo F		or No — 14	Black, V	- American Indian, White, etc.
ETED	15. DE (Specify or Elementary/Secondary	CEDENT'S EDU nly highest grade (0-12)	CATION ocompleted) College (1-4 or 5+)	(G	CEDENT'S USUAL tive kind of work don Do NOT use retired	e during most o		16b.	C. R.	0	STRY	75
BE COMPL	17. FATHER'S NAME (First, I	TEFFET	250 N PA	LMER	b. MAILING ADDRE	1	6. MOTHER'S NA	REM	DE 1	Surname) PAL M	ER	
TO BE	CHARLES	W. PA	LME C	20b. PLACE	+325 BE	SPOSITION (N	OP. E	2LIC.	ettelt		21	043 , State
	4 Donation 5 Other		CENSEE	(500)	OSHEPT 2		ADDRESS OF F		166	LICOT	10/1	4, 198
	23. PART I. Enter the	diseeses, or	complications that	coused the de	eeth. Do not ent	A 19h7 er the mode	F. H. B.	-		SU , LL	E, 1.	10.2178 Approxima
	23. PART I. Enter the shock, or IMMEDIATE CAUSE (F disease or condition resulting in deeth)	heert fallure.	List only one caus	ceused the dese on each line Acut OR AS A CONSE	to 1			ch ea card	diec or reapi	CAMP STON		Interval Be Onset and
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32. REGISTRAR'S SIGNATURE

Sulia Davidson-Pandelle

BALTIMORE, MARYLAND 21215-0020

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HOSPIT,	UNER	vithin 7	ANT
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	O THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit arms	e filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- STATE REGISTRAR		CERTIFIC		REG. NO	,.			
1. OECEOENT'S NAME (First, Middle, La CH)	RISTINA LEE	PETERSO	N	2. DATE OF OEATH	3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER 234-44-6898			IF UNDER 1 YEAR IF UNDER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year) 02-28-	1912	8. BIRTHPLACE (State or Foreign Country) West Virgi		
9a. FACILITY NAME (If not institution, gi	he atreet and number) arriottsvil		Marriottsv	9c. COUNTY	oward			
RESIDENCE OF DECEDENT			TOWN OR LOCATION	TTTE	11			
Maryland	Howard Cou		Marriottsvil	le		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
100. STREET AND NUMBER			10f. ZIP CODE			OF WHAT COUNTRY?		
1249 Marrio	ttsville Ro		2110	•		USA		
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YE	S 2 NO	13. WAS DECENDENT OF HISP/ If yee, specify Cuban, Maxic 1 YES 2 NO Spec	en, Puerto Rican, etc.)	39	RACE — American Indian, Black, White, atc. Specify: White		
15, OECEOENT'S (Specify only highest g Elementary/Secondary (0-12)		16e. DECEDENT'S U: (Give kind of wo life. Do NOT use	SUAL OCCUPATION rk done during most of working retired.)	16b. KIND OF BU	JSINESS/INDUST	RY		
8		Homema			n Home			
17. FATHER'S NAME (First, Middle, Last) Charles Rob	1-	ller	16. MOTHER'S N	AME (First, Middle, Maider		Wilson		
Charles KDb. 19a. INFORMANT'S NAME (Type/Print)	CLC MIT		DDRESS (Street and Number or Rura					
Barbara J. To	pper		Marriottsvil			6 1 1 1 7		
20a. METHOD OF DISPOSITION 1 Street Burlal 2 □ Cremation 3 □ 1		20b. PLACE AND DATE		h	or Town, State			
4 Donation 5 Other (Specify)	Namoval from State	Glen Hav	en Mem. Pk.	6/14/91	Glen	Burnie, M		
21. SIGNATURE OF FUNERAL SERVICE SCIENCE LLC 23. PART I. Enter the disease, ahock, or heart falls IMMEDIATE CAUSE (Final	E LICENSEE	MOO 53	22. NAME AND ADDRESS OF F	t City, I	k Fune Maryla	ral Home nd 21043		
23. PART I. Enter the disease, ahock, or heart falls immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if eny, leading to immediate	o complications that cause or	MOO 53	22. NAME AND ADDRESS OF F 5 Ellicot t enter the mode of dying, su	t City, I	k Fune Maryla	ral Home nd 21043 Approximate Interval Between		
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21. SIGNATURE OF FUNERAL SERVICE 23. PART I. Enter the disease, ahock, or heart fells IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentisity list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant cond 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 Pending investiget 3 Sulcide 6 Could not detarmine (Check only 1 CERTIFYING P.	C. OUE TO (OR A. DUE TO (OR A. OUE	MO 0 53 sed the deeth. Do non sech line. S A CONSEQUENCE OF): S A CONSEQUENCE OF): S A CONSEQUENCE OF): The but not resulting in Dutpatiant 3 DOA 28b. Time INJU URTY — All home, farm, str poorly)	22. NAME AND ADDRESS OF F Ellicot the enter the mode of dying, su Cartyldana Levy Lace The underlying cause given in 28. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence OTHER: 4 Nursing Home 5 Residence OTHER: 4 Nursing Home 5 Residence OTHER: 1 YES 2 NO	The Check only one) 261. LOCATION (Street, City or Rown, State) 261. LOCATION (Street, City or Rown, State) 262. Location (Street, City or Rown, State) 263. Location (Street, City or Rown, State)	N AUTOPSY PRIMED? 2 A NO INJURY OCCURI	24b. WERE AUTOPSY FINDING MALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 - NO Rural Route Number,		
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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, we filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE REGISTRAR										
1. DECEDENT'S NAME (First, Middle, Las	1 1	. 0	1. 1		0	2. DATE O	F DEATN	DAY, a	YEAR	3. TIME OF DEATH
Margare	West 1		ronk	ase	X.		6	22	91	0500
4. SOCIAL SECURITY NUMBER 212–24–6784	5. SEX 6. AC	GE (in yrs. lest birtho	MONTHS	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF	BIRTH Day. 153,	190	8. BIRTI	Maryland
ee. FACILITY NAME (If not institution, giver rederick Memoria			9b. CITY		ederick				eder	
RESIDENCE OF DECEDENT		100	Town (THE PARTY
Maryland Fr	rederick	106.	Frede							10d. INSIDE CITY LIMITS? 1 X YES 2 NO
505 Fleming Ave	enue.			101.	ZIP CODE	701		10g. CI		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO		If yes, spec	ENDENT OF NISPA city Cuben, Mexic 2 NO Spec	an, Puerto Rk	(Specify Yes	e or No-	14. RAC Blec Spec	E — American Indian, ik, White, atc. Wy: White
15. OECEDENT'S E (Specify only highest gr		16a. DECEDER	NT'S USUAL O	OCCUPATION	N	16b. F	IND OF BU	JSINESS/IN	DUSTRY	
Elementary/Secondery (0-12)	College (1-4 or 5+)	Ille. Do No	ed of work done FOT use retired.) Ses Aid)	t of working		Cou	nty	lurs:	ing Home
17. FATHER'S NAME (First, Middle, Lest) Luther Stang					18. MOTHER'S N	AME (First, Mi				
19e. INFORMANT'S NAME (Type/Print)		19b, MAI	ILING ADDRES	SS (Street en	nd Number or Rura				ip Code)	
Herbert Franklin	n Plunkard	7			ch St.,					701
20a. METHOD OF DISPOSITION A Burlel 2 Cremation 3 R	emoval from Stata	20b. PLACE AND I				DATE -25-9		ocation -		own, State Md. 21701
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11001.0		. NAME ANI	D ADDRESS OF F	ACILITY				
1/1 100	Λ π.		-			97				
23. PART I. Enter the diseases, of ahock, or heart fellur IMMEDIATE CAUSE (Final disease or condition reaulting in death)	or complications that cause of the cause of	MOOO used the deeth. I on each lina. AS A CONSEQUENCE		106	ley and East (hurch	St.	Fre	deri	Approximate Interval Betwoen and D
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shock, or heert fellur iMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN	a. DUE TO (OR / DUE TO (OR /	AS A CONSEQUENCE AS A CONSEQU	Do not enter CE OF): CE OF): CE OF): ting in the unit of the u	28. PLUER: WOR 1 U Y	DEST Dest	n Part I.	24a. WAS A PERFC 1 YES	N AUTOPSY RMED? 2 NO	deri- rreat,	Approximate interval Bets Onset and D 7 77326 b. WERE AUTOPSY FIND AMALABLE PRIOR TO COMPLETION OF CALL OF DEATH?
Abock, or heert fellur IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	a. DUE TO (OR / b. DUE TO (OR / c. DUE TO (OR / d	AS A CONSEQUENCE AS A CONSEQU	Do not enter CE OF): CE OF): CE OF): ting in the un OTHE OA 4 Nu b. TIME OF INJURY M arm, strast, fac	28. PLJER: 28. INJU 28. INJU Cotory, office	DEST de of dying, su de of dying, su ceuse given i ACE OF DEATH (c 6 Residence URY AT RK? ES 2 NO and place, and desth occured at 18	n Part I.	24a. WAS A PERFC 1 YES (Specify) PRIBE NOWN, State (e) and m	N AUTOPS) RMED? 2 NO INJURY O	ccured or or Rural the cause	Approximate interval Bets Onset and D 7 7732
Abock, or heert fellur IMMEDIATE CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Metural 5 Pending Investigative 3 Suicide 4 Nomicide PRETIFIER Cirect only 1 CERTIFYING PA	a. DUE TO (OR / b. DUE TO (OR / c. DUE TO (OR / d. DUE TO (OR	JURY Al home, fe (Specify)	Do not enter CE OF):	28. PL	DEST Dest	n Part I.	24a. WAS A PERFC 1 YES (Specify) PRIBE NOWN, State (e) and m	N AUTOPS) RMED? 2 NO INJURY O	ccured or or Rural the cause	Approximate interval Betwonset and D 7 7732

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TO BE COMPLETED BY FUNERAL DIRECTOR

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.										
1. DECEDENT'S NAME (First, Middle, Last Virgil	Virgi1 Roberts					une 2	3 5	3. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER 219-07-6317	8. SEX 6. AGE	(In yrs. last birthday) YRS.	MONTHS DAVE MOURE MIN (Month Day.					BIRTHPLACE (State or Foreign Country)			
	9e. FACILITY NAME (If not institution, give street and number)			on or Location of	DEATH		9c. COUNTY OF DEATH Carroll				
RESIDENCE OF DECEDENT							0411011				
Md Ca	rroll		y, town or Lo stmins					10d. INSIDE CITY LIMITS? 1 YES 2 NO			
100. STREET AND NUMBER 810 Gist Rd			101. ZIP CODE 21157					10g. CITIZEN OF WHAT COUNTRY? USA			
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2-41 NO	If yes	DECENDENT OF HISP , specify Cuben, Mexi YES 2. NO Spe	can, Puer		RACE — American Indian, Black, White, etc. Specify: White				
15. DECEDENT'S EL	DUCATION	16a. DECEDENT'S	USUAL OCCUP	PATION	1	16b. KIND OF BUSI	INESS/INDUS	TRY			
(Specify only highest gra Elementary/Secondary (0-12)	College (1-4 or 5+)	teache		g most of working		scho	ool				
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S	NAME (Firs	st, Middle, Maiden S	Surname)				
Virgil Pope R	oberts			Lot	tie	White					
19a. INFORMANT'S NAME (Type/Print) R. Weldon Rho	ten			Road, W							
20a, METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	movel from State	b. PLACE OF DISPOS other place)	SITION (Name o	cometery, cremetory of	V.	20c, LOC	ATION - Ch	y or Town, State			
21. SIGNATURE OF FUNERAL SERVICE		CD AMITHE	22. NAM	E AND ADDRESS OF	FACILITY						
				tts Fun							
23. PART I. Enter the diseases, o	Pritts. Sr. r complications that cause s. List only one cause on a	d the death. Do i						Interval Between			
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Can C	LO PUL	hum	with.	tr	Onset and Death					
Sequentially list conditions,	b. CA	uterry A CONSEQUENCE O	P:	with.	me	ts.	•				
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	lu	re	poli	lic 8	a	below	hound	0			
that initiated events resulting in death) LAST	d.	A GONBEQUENCE O	cule	9							
PART II. Other significent conditi	one contributing to deeth	ibuting to deeth but not resulting in the underlying cause given in Part I. 24s. W						24b. WERE AUTOPSY FINDINGS			
								AMAILABLE PRIOR TO COMPLETION OF CAUSE			
						1 TYES 2	•	OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH	Check onh	y one)		1			
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	tpatient 3 DOA	OTHER:	Home 5 (Resident							
27. MANNER OF DEATH 1 29 Netural 8 Pending	28s. OATE OF INJURY (Month, Day, Year)	28b. TIN	IE OF 280	INJURY AT WORK?		DESCRIBE HOW IN	JURY OCCU	RED			
2 Accident Investigation 3 Suicide 8 Could not be determined determined City or Town, State) 286. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 286. LOCATION (Street and Number or Rural Route Number of Rura								Rural Route Number,			
TOTALCH DINY	YSICIAN: To the best of my know										
29b. BIGNATURE AND TITLE OF GERTH	MD MD							29d. DATE SIGNED (Worth, Gyr, Yam)			
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF D	EATH (ITEM 27) (Type			-	WEST	NIKI	STER HO			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	NATURE		1 9	,	5-031	11110	21152			
JIIN 26 '91	Julia David	loon-Rande	L					-1 -1			

The Land of the La

FOR STATE REGISTRAR	STATE OF MARYL			F DEATH	MENTAL HYGIEI REG. NO			
1. DECEDENT'S NAME (First, Middle, Last) DONALD	LEWI	S	ROD	F	2. DATE OF DEATH MONTH 06 15		3. TIME OF DEATH 1 3:00 A	
A. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 YEA	R IF UNDER 24 HRS.		_	BIRTHPLACE (State or Foreign	
212-80-6825	1⊠M2□F 29	YRS.	MONTHS DAY	B HOURS MIN.	7. DATE OF BIRTH	/61 N	Country)	
FRANKLIN BLVD		_		N OR LOCATION OF D	EATH	9c. COUNTY		
RESIDENCE OF DECEDENT	& RAMP 79	5	Kei	stersto	WII	BAL	TIMORE	
0a. STATE 10b. COUNTY	alto.		nsdown				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
3707 Century	Avenue			101. ZIP CODE 21227	7		S . A .	
1. MARITAL STATUS Never Married 2 M Merried Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes	DECENDENT OF HISPAI , specify Cuben, Mexico YES 2 NO Specif		es or No— 14	RACE — American Indian, Black, White, atc. Specify: White	
15. DECEDENT'S EDUC (Specify only highest grade of Elamentary/Secondery (0-12)	CATION completed) College (1-4 or 5+)	Ille. Do NOT u	work done during ise retired.)	most of working	16b. KIND OF BI		rnham Inc.	
12 Yrs.		AII U	ond . ne				mnam Inc.	
George Rode				Faye	Romesbe	rg		
Bonnie Rode		9729			Route Number, City or To ane, Col		, MD 21046	
ne, METHOD OF DISPOSITION Burlet 2 Cremetion 3 Remo		b. PLACE AND DAT	y or other place)			OCATION — Ch		
I. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE //	St. JO	22. NAM	emetery	CILITY	TICOL	t City. ND	
> (Du bu	See. 1.	M00535	S18		ral Home	Die T	271:00++ C:	
23. PART I/Enter the diseases, or of shock, Dr heert fellure. I IMMEDIATE CAUSE (Finei disease or condition resulting in death)			Mus	SC>	IT all Called Of 143	priatory arrea	t, Approximate Interval Betwee Onset and Dea	
Sequentially list conditions, f any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	OF):					
cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE C	OF):					
PART II. Other significent condition	a contributing to death	but not resulting	in the under	ving cause given in	Part i 24a WAS A	N AUTOPSY	24b. WERE AUTOPSY FINDING	
						DRMED?	ANAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
T WAS CARE DEFENDED TO MEDICAL								
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 1X YES 2 NO	HOSPITAL:	mediant 2 - nc	OTHER:	S. PLACE OF DEATH (C		CORNE		
7. MANNER OF DEATH	28a. DATE OF INJURY	28b. Til	ME OF 28c	Home 5 Residence INJURY AT WORK?	6 X Other (Specify) 28d. DESCRIBE HOW		RED	
1 Netural 5 Pending		(Month, Day, Year) INJURY 1:52A			DRIVER IN AUTO/GUARD RA			
3 Suicide 6 Could not be	28s. PLACE OF INJUR building, etc. (Spe	Y — Al home, farm,	atreet, factory,	office	281. LOCATION (Stree City or Town, Stat	t and Number or		
4 Homicide determined		STRE	ET		FRANKLI		O/RAMP#795	
deed .	CIAN: To the best of my known						ceuse(e) end manner as stated.	
96. BIGHATURE AND TITLE OF CERTIFIER				29c. LICENSE NU			BIGNED (Month, Day, Year)	
1	2			OCME			5-15-1991	
A NAME AND ADDRESS OF PERSON WHO	O-COMPLETED CAUSE OF D			CMDEEM	DALMINOD	E MADA	מעע זי	

32. REGISTRAR'S SIGNATURE

JUN 2 ov Obort 9 1

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. **BALTIMORE, MARYLAND 21215-0020** DIVISION OF VITAL RECORDS, P.O. BOX 68760,

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within? The funeral director, page 5 should be detached for use as the burial-transit to filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If I lem 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR		OWNE OF I	MARYLAND /		ICATE O			TO ELVI IA	REG. NO.	_			
	1. DECEDENT'S NAME (First							2. DATE MONTI	OF DEATH	DAY YEAR		3. TIME OF DEATH		
	Carl E.	Rice,	Sr.						6 8 9				7:502	7.
	4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (In yrs. las	st birthday)	IF UNDER 1 YEA		ER 24 HRS.		OF BIRTH h, Dgy, Ybar)		B. BIRT	HPLACE (State or	Foreign
	218-16-279	6	1 M 2 F	M2 □ F 74		MONTHS DAY	8 HOURS	MIN.	14	/ 30	/ 17		ryland	
	9a. FACILITY NAME (If not is	nstitution, give a	street and number)	t and number)		9b. CITY, TOW	N OR LOCA	TION OF D	EATH		9c. COU	NTY OF		
DIRECTOR	900 Compas	ss Rd.	E,	Ва	ltim	ore			Bal	timore				
5	RESIDENCE OF DE	10b. COUNT		1 400 000							10d, INSIDE CITY		774	
2	Md.				16c. CITY, TOWN OR LOCATION Baltimore								LIMITS?	
	10e. STREET AND NUMBER		altimore										1 YES 2	
Z			202		101. ZIP CODE						10g. CIT		ZEN OF WHAT COUNTRY?	
ÿ	900 Campa	iss Ka.					212	20				Uì	SA .	
FUNERAL	11. MARITAL STATUS 1 Never Married 2	Mandad	12. WAS DECEDED	NT EVER IN U.S. AF	RMED NO		DECENDENT specify Cul			i? (Specify Yes Rican, atc.)	or No-	14. RAC Blac	E — American Ir ck, White, etc.	idlan,
ВУ	3 Widowed 4 Div	-	IF YES, GIVE	WAR OR DATES			ES 2 N					Spec		
		V - 11	1	Lacas					1	2011 July 2011			whit	е
H	(Specify on	CEDENT'S EDU ly highest grade	completed)	(G	ECEDENT'S Sive kind of a. Do NOT u	work done during	most of wor	king	16b	, KIND OF BUS	BINESS/IN	DUSTRY		
٣	Elementary/Secondary (0-12)	College (1-4 or 5	+)						Cto	el (٦.		
COMPLETED	12				Truc	k Driv								
ဗ	17. FATHER'S NAME (First, A									Middle, Maiden	Surname)			
BE	Clyde H.								P. 1					
5	19a. INFORMANT'S NAME (ADDRESS (Stre								
	Rita Mae Ri					compass				, Ma.	212	220		
	20b. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 4 Donation 6 Other (Specify)													
	21. SIGNATURE OF FUNER	AL SERVICE LI	CENSEE			22. NAM	E AND ADDE	ESS OF F	ACILITY		••			
	1 Lane	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Scarpelli Funeral Home Cumberland, MD 21502												
	23. PART Enter the c	lisesses, Dr	complications th	et caused the de	eath. Do	not enter the	mode of d	lying, suc	ch se cen	dlec or reep	ratory er	rreet,	Approx	
	IMMEDIATE CAUSE (FI		Liet only one ce	use on each line	в.	^								Between
	disease or condition_	1101	1	1100	1/	LAMAS	PN	•					100000000000000000000000000000000000000	
	resulting in death)		e. DUE TO	O (OR AS A CONSE	UENCE C	OF):		. /						
7		- Residented Films												
CERTIFICATION	Sequentially list condi- if any, leading to imme	MEDIATE CAUSE (Finel seese or condition witing in death) e												
¥	csuse. Enter UNDERLY	ING	W											
Ĕ	CAUSE (Disease or Injustration CAUSE) that initiated events	ury	DUE TO	O (OR AS A CONSE	QUENCE C	OF):								
E	resulting in deeth) LAS	T	d											
AL	PART II. Other signific	ent condition	ns contributing to	o deeth but not		In the under		given in	Part I.	24a, WAS AN PERFOR		24	b. WERE AUTOPS' AVAILABLE PRI	OT RO
ă	Advimo	NA (7010111	000	whe				1 YES :			OF DEATH?		
뿔	ļ	120	rly of	num	01	las	4						1 TYES 2	□ NO
PHYSICIAN: MEDIC		,		1										
S	25. WAS CASE REFERRED ' EXAMINER?	TO MEDICAL	HOSBITAL				. PLACE OF	DEATH (C	heck only o	ne)				
Š	1 TYES 2 TO	, OTHER:												
Ĭ	27. MANNER OF DEATH	(Month, Day, Year)				28b. TIME OF 28c. INJURY AT WORK?			28d. DESCRIBE HOW INJURY OCCURED					
BY	1 Accident	Pending Investigation					□ NO	0						
	0 0 0 0 1 1 1 1 1 1	Could not be		OF INJURY — At he	ome, farm,	street, factory,	reet, factory, office 26f			261. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	4 Homicide	detarmined		, (,)					1					
7	29a. CERTIFIER 1 CER	TIFYING PHYS	ICIAN: To the best of	of my knowledge, d	eath occur	red at the time.	data and pla	ce, and du	a to the ca	use(a) and ma	nner aa sti	ated.		
COMPLETED	Conson only		ER: On the basis of										(a) and manner a	a stated.
	29b. SIGNATURE AND TITL							ICENSE NL					D (Month, Day, Ye	
8	The state of the s	1	1/1/1	Autor	how		T		194	19		- 16		w.)
2	30. NAME AND ADDRESS (DE DERSON W	HO COMPLETED CA	USE OF BUILD (IT	EM 27) /Bro	o Drint)		<u> </u>	, , ,				. / [.	

Baltatzis,

M.D.

DR

Panayiotis

6660 Blair Road, Baltimore, MD 21201

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremative	
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Bessie Nio	nat)						REG. NO 2. DATE OF DEATH MONTH D	AY	YEAR	3. TIME OF DEATH
		Rankin					June 20	, 199	91	10:20 A.M
4. SOCIAL SECURITY NUMBER 236-36-1523	5. SEX	6. AGE (In yrs. Ins 98	YRS.	MONTHS D	AYE HOURE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 4 / 25 / 18	93	S. BIRTH	OSTBURG, MI
9s. FACILITY NAME (If not Institution, g				9b. CITY. TO	OWN OR LOCAT	ION OF D			INTY OF D	
		ome			berland				llega	
RESIDENCE OF DECEDENT] A-	rrege	
10e. STATE 10b. COL			10c. CIT	Y, TOWN OR		7.00				10d. INSIDE CITY LIMITS?
	ALLEGANY			MOON	T SAV					1 TYES 2 NO
ROUTE 1, BOX	7 177					1545	:	10g. CI1	USA	WHAT COUNTRY?
10e. STREET AND NUMBER ROUTE 1, BOX 11. MARITAL STATUS	12. WAS DECEDENT	T EVER IN U.S. AF	MEO	13. WA			NIC ORIGIN? (Specify Ye	or No-		
3XXWidowed 4 Divorced	FORCES? 1	YES 2 XA	40	If y		en, Mexico	in, Puerto Ricen, etc.)			E — American Indian, k, White, etc. #y: ITE
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12) 3 17. FATNER'S NAME (First, Middle, Last	EDUCATION grade completed)			USUAL OCCI	UPATION ing most of work	ina	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+	ilfe.	Do NOT u	se retired.)	ing most or work	n ng				
3		H	OMEN	IAKER						
							ME (First, Middle, Maiden		nm.	
DUDLEY PIR	ER						RA STEVEY			
19a. INFORMANT'S NAME (Type/Print) KATHERINE A.	TEWELT.						Route Number, City or Town			21502
20g. METNOD OF DISPOSITION	OBWEDD	20h PLACE	OF DISPO	SITION (Name	of comotony on	metony or	200.10	CATION	City or Tr	num State
1 Buriel 2 Cremation 3 1 4 Donation 5 Other (Specify)	temoval from State	other pi	COOK	S CE	METER	Y 6	5/22/91 R	D. I	HYND	MAN PA
21. SIGNATURE OF FUNERAL SERVICE	E LICENSEE	7		22. NA	ME AND ADDR	ESS OF F	ZEIGLER			*****
> hange	H Mac	6								HOME
23. PART I. Enter the disagrams,	or complications that	t caused the de	aeth Do				A 15545			Approximata
IMMEDIATE CAUSE (Finel disease or condition resulting in death)	b. OUE TO	LML Q OR AS A CONSE (OR AS A CONSE	OUENCE C	new	al	fo	ilure			Interval Between Onset and Dastf
CAUSE (Disease or Injury	cDUE TO	(OR AS A CONSE	QUENCE C	PF):						
that initiated events resulting in death) LAST	d									
PART II. Other algnificant cond	itions contributing to	death but not	/ 7	In the under		11	Part I. 24s. WAS AI PERFO	PMED?	7 241	D. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PART II. Other algnificant cond	C.H	death but not	/ 7	eni		leme	PERFO 1 VES	PMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PART II. Other algnificant cond	HOSPITAL: 1/AL Impetient 2	ER/Outpatient 3	DOA	OTHER:	26. PLACE OF	OEATH (C	PERFO 1 VES	PMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	C.H	ER/Outpatient 3	DOA 28b. Til	OTHER:	26. PLACE OF	OEATH (C	PERFO 1 VES	RIMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAEXAMINER? 1 Yes 2 NO 27. MANNER OF DEATH 1 Neturel 5 Pending Investigate Pending Investi	MOSPITAL: (Xi) Inpatient 2 2 28a. DATE OF (Month, D.	ER/Outpatient 3 EINJURY Pay, Year)	DOA 26b. TII	OTHER: 4 Nursin	26. PLACE OF g Home 5 1 Bc. INJURY AT WORK? 1 YES 2	OEATH (C	PERFO 1 YES heck only one) 6 Other (Specify) 28d. DESCRIBE NOW	RMED? 2 K NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1 NO 1	CCURED	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
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4. SOCIAL SECURITY NUMBER

Sister Mary Raphael RAETZ

5. SEX

IF UNDER 1 YEAR

DAYS

8. AGE (In vrs. last birthday)

YRS

8. BIRTHPLACE (State or Foreign

1991

3. TIME OF DEATH

12:50 P.M

2. DATE OF DEATH MONTH

7. DATE OF BIRTH

June

IF UNDER 24 HRS.

HOURS

(Divisit 2 1 should		
BALTIMORE MARYLAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-trainit permit	ral.	

BOX 13146,

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VITAL RECORDS,

OF

1 M 2 F Michigan March 5, 1904 223-66-7654 9a. FACILITY NAME (If not institution, give street and number) 90 COUNTY OF DEATH 9b. CITY TOWN OR LOCATION OF DEATH DIRECTOR Villa St. Michael Frederick Emmitsburg 10d, INSIDE CITY 10e, STATE 10h. COUNTY 10c. CITY, TOWN OR LOCATION 1 X YES 2 NO Maryland Frederick Emmitsburg FUNERAL 10e. STREET AND NUMBER 101. ZIP CODE U.S.A. 333 South Seton Avenue 21727 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-FORCES? 1 YES 2 NO If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 X Never Married 2 Merried 1 YES 2X NO IF YES, GIVE WAR OR DATES Specify: Specify: White BY 3 Wildowed 4 Divorced COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Page 6 may be retained by the hospital or at use Elementery/Secondery (0-12) College (1-4 or 5 +) page 5 should be detached for College 5+ Daughters of Charity Teacher 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Malden Surname) Edward Raetz 1 Agnes Bennett BE notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Sister Alice Lanasa 333 S. Seton Avenue, Emmitsburg, MD 20e. METHOD OF DISPOSITION 2 20b. PLACE OF DISPOSITION (Name of cometery, cremetory or 26c. LOCATION -- City or Town, State Burlel 2 Cremation 3 Removal from State must funeral director, JOSEPH'S CEMETERY EMMITSBURG, MD. 21727 4 Donation 5 Other (Specify) examiner 21. SIGNATURE OF THE RAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SKILES FUNERAL HOME ours after death. les 210 W. MAIN ST., EMMITSBURG, MD. 21727 the medical filled in by 1 23. Mart 1. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or haert fellure. List only one ceuse on each line. Interval Between 6 Onget and Death IMMEDIATE CAUSE (Final and completely fille burial, cremation, the disease or condition resulting in death) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within event, DUE TO AS A CONSEQUENCE OF): traumatic CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): prior to If any, leading to immediate ceuse. Enter UNDERLYING been signed by the attending physician it, of Health and Mental Hygiene prior to CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST 0 Injury. PART II. Other III MEDICAL deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE any 1 YES 2X NO OF DEATH? 0 1 YES 2 NO PHYSICIAN: this certificate has by with the State Dept. 23 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one item HOSPITAL: OTHER:
4 | Nursing Home 5 | Residence 8 | Other (Specify) 1 YES 2X NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA marked, or 27. MANNER OF DEATH 28a. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO BY After Accident 3 Suicide 28e. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) .00 8 Could not be COMPLETED FUNERAL DIRECTOR: within 72 hours after 4 Homicide 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTE be filed within 72 hours at IMPORTANT: If Item 21 1 🔀 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the I estigation. In my opinion, death occured at the time, date and piece, and due to the cause(e) and manner se stated. 29b. SIGNATURE AND TITLE OF CE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 0 JUNE 20,1991 2 30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ALAN CARROLL M.D. SETON AVE. EMMITSBURG. MD. S. Lulia Davidson Randella

-	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed writin 2.5	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	2	2	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	E

	FOR 1 - STATE REGISTRAR	STATE OF !	MARYLAND /		RTMENT				MENTA	AL HYGIEN		1	18201	
	1. DECEDENT'S NAME (First, Middle, Last)								2. DAT	E OF DEATH		YEAR	3. TIME OF DEATN	
			sley Se		ried				Ju	ne 19		91	2053	М
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. les	-	IF UNDER	1 YEAR	IF UNDER	MIN.	(Mor	E OF BIRTN hth, Day, Year)		Countr		
	186-05-6375	1 X M 2 F	71	YRS.						il 16,			nsylvania	
~	9a. FACILITY NAME (If not institution, give stre						R LOCATION	ON OF DE	ATN			NTY OF D	EATN	
10	Union Hospital o	f Cecil	County		El	.ktor	1				Cec	il		
EC	10a. STATE 10b. COUNTY			10c. CI1	Y, TOWN C	OR LOCAT	ION						10d. INSIDE CITY	_
DIRECTOR	Maryland Ceci	1		Ea	arlev	7ille	9						LIMITS?	
AL	10e. STREET AND NUMBER					101	ZIP COD	E			10g. CITI	ZEN OF V	VHAT COUNTRY?	_
ER.	Knight Island Ro	ad, Indi	an Acres	5		1 2	21919)			U.5	S.A.		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	IT EVER IN U.S. AR YES 2 XN MAR OR DATES			If yes, spe			n, Puerto	IN? (Specify Yas Ricen, alc.)	or No-	14. RACE Black Speci	- American Indian, k, White, atc.	
ED	15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL O	CCUPATIO	N .		10	Sb. KIND OF BUS	SINESS/INC	USTRY		_
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COMPLETED	11		Me	echa	nic					Automo	tive			
0	17. FATHER'S NAME (First, Middle, Last)						18. MOT	NER'S NA		, Middle, Maiden				
BE	Wesley M.	Seigfrie	_						. =	lia Mu				
10	19a. INFORMANT'S NAME (Type/Print) Edith C. Seigfri	ed	190		ADDRES		nd Number			mber, City or Tow		Code) L919		
	20a. METHOD OF DISPOSITION 1 💢 Burtsi 2 Cremation 3 Remo	val from State	20b. PLACE other ple Pond	of DISPO	SITION (NE	eme of con	netery, crer	netory or		100	cation – pwall		own, State	
	21. SIGNATURE OF FUNERAL SERVICE LICE	NSEE S	Nie	k		HIC Bow	D ADORE	Sto	ckto	Funera on Stre		P.A.		
	23. PART I. Enter the disease, or of shock, or heart failure. L. IMMEDIATE CAUSE (Final disease or condition resulting in death)	omplications the	of caused the de use on each line of category	neth. Do	Fai	The mo	de of dy	Ing, suc	h ea ca	ardiac or reap	iratory an	rest,	Approximate interval Betwee Onset and Das Aprus	
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	COMAS A COMBE	OUENCE O	Jec I va	ul nic	Fa	Ble	ed.	will	Lype	000	lani Lay	1
PHYSICIAN: MEDICAL	PART II. Other algoliticant conditions	contributing to	death but not r	resulting	in the u	ndertyln	g cause	given in	Part I.	24a, WAS AN PERFOI 1 TYES 2	RMED?	24t	MERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
IAN	25. WAS CASE REFERRED TO MEDICAL					26. PI	ACE OF E	EATH (Ch	eck only	one)				
Sic	EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3	DOA	4 Nu		6 5 🗆 R	esidenca	6 🗆 Ot	her (Specify)				
	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE O (Month,	F INJURY Day, Year)	26b. Til	ME OF JURY M	28c. INJ W0	PRK?] NO	28d. 0	ESCRIBE NOW	INJURY OC	CURED		
TED BY	2 Accident Investigation 3 Suicide a Could not be 4 Homicide determined		OF INJURY — At he	ome, farm,	street, fed	tory, offic	•			OCATION (Street ity or Town, State		r or Rurai	Route Number,	
COMPLET	29a. CERTIFIER (Check only one) 1 CERTIFYING PNYSK												(s) and manner as stated.	
TO BE CC	296. SIGNATURE AND TOTAL OF CENTRIES	ho-4	OF DEATH OTE				29c. LIC	ENSE NU	MBER				(Moreth, Day, Year)	

OF DEATH (ITEM 27) (Type, Print)

21913 Cecilton, MD

Robert Denitzio M.D. Route 213 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) '91

DHMH-16 Rev 1/89

DHMH-16 Rev 1/89

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within wours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached any man and Mental Hydere orion to burial, comation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIEN	ΙE
CERTIFICATE OF DEATH	REG. NO).

	1 - FOR STATE REGISTRAR	ATE OF MARYLAND	/ DEPARTM			MENTAL HYGIENI REG. NO.	E	
	1. OECEOENT'S NAME (First, Middle, Lest) Jan		almons,			2. DATE OF DEATH MONTH DA June 24	, 1991	. 0158 <u>M</u>
	4. SOCIAL SECURITY NUMBER 175-28-1323 9e. FACILITY NAME (If not institution, give street and	M 2 □ F 56	YRS. MON	THE DAYS	HOURS MIN.		C	IRTHPLACE (State or Foreign ountry) Cennessee
TOR	5 White Oak Drive	1 Number)	30.	Perry		ATH	Cecil	
DIRECTOR	10a. STATE 10b. COUNTY Maryland Cecil			WN OR LOCATE	-			10d. INSIDE CITY LIMITS? 1 YES 2 V NO
RAL	100. STREET AND NUMBER 5 White Oak Drive			101.	ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 12. W	AS DECEDENT EVER IN U.S. A ORCES? 1 \(\subseteq \text{ YES} 2 \subseteq YES, GIVE WAR OR DATES	ARMED NO	If yes, spe	NOENT OF HISPAN	IC ORIGIN? (Specify Yes 1, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle	red) ege (1-4 or 5+)	DECEDENT'S USU (Give kind of work of the Do NOT use red	done during mos ired.)	N of working : Operato	166. KIND OF BUS	siness/industr	
BE CON	17. FATHER'S NAME (First, Middle, Last) Willie R. Sal	lmons			18. MOTHER'S NAM	WE (First, Middle, Meiden Unknown	Sumeme)	
10 B	190. INFORMANT'S NAME (Type/Print) Janet E. Salmons		196. MAILING ADO 5 White			Perryvil		21903
	20e. METHOD OF DISPOSITION June 26 1 💢 Buriel 2 🗆 Cremation 3 🗆 Removal fro 4 🗆 Donation 5 🗆 Other (Specify)	om State St.	E OF DISPOSITIO		st Cemet		cation — city	wn, Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ALPH E	Dick	()	Bow	and Sto	for Funera	ls, P.A	
CERTIFICATION	23. PART I. Enter the diseases, or compile shock, or hast failure. List or IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	nly one cause on each il	SEQUENCE OF):		an Ge		ratory arreat,	Approximate interval Between Onset and Death
	PART II. Other significant conditions cont	tributing to death but no	t resulting in ti	he underlying	cause given in			24b. WERE AUTOPSY FINDINGS
: MEDICAL		ensien				PERFOF		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
MAK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Che	ack only one)		
Sic	The state of the s	SPITAL: Inpatient 2 - ER/Outpatient		THER: Nursing Hom	e 5 🗆 Residence	6 Other (Specify)		
BY PHYSICIAN:	1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	WO	URY AT RK7 'ES 2 NO	28d. DESCRIBE HOW I	INJURY OCCUR	ED
	2 PECHONIA	28e. PLACE OF INJURY — At building, atc. (Specify)	home, farm, atree	t, factory, office	•	28f. LOCATION (Street City or Town, State)	end Number or R	lural Route Number,
BE COMPLETED	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: T							use(e) and manner as stated.
	290. SHOMATUBE AND TITLE OF CENTIFIER	ale K. Pel.	-mi)		29c. LICENSE NUN	-	29d. DATE SIG	SNED (Month, Day, Year) 24/4/
5	30. NAME AND ADDRESS OF PERSON WHO COM Jaynatilal K. Pate		TEM 27) (Type, Prir 123 Sin		Avenue	Elkton,	MD 2	1921
	31. DATE FILED (Month, Day, Year) 11 IN 2 5 *0 1	32. REGISTRAR'S SIGNATURE						



91 18203

1 3	1. DECEDENT'S NAME (Firs								2	MONTH			YEAR	3. TIME OF DEATH
	ALBERT		E. SMI	_						06				2:35
	4. SOCIAL SECURITY NUM		5. SEX		yrs. last birthday) YRS.	IF UNDER	DAYS	HOURS	MIN. 7		OF BIRTH , Day, Ybar)	1.	Country	PLACE (State or Foreign)
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œ	9a. FACILITY NAME (If not i								ON OF DEAT			9c. COUNT		
CTO	THE JOHNS	HOPKI	INS HOSPIT	CAL		BALT	IMOF	RE, N	IARYLA	AND		BALTI	MOR	E CITY
ш	10a. STATE	10b. COUN			10c. Cl	TY, TOWN C	OR LOCAT	TON				_		10d, INSIDE CITY
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AL	10e. STREET AND NUMBER	R			7		101	ZIP COD		000		10g. CITIZE	N OF W	HAT COUNTRY?
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BY FUNERAL	11. MARITAL STATUS XX Never Married 2 3 Widowed 4 Div		12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	1 YES	2 NO		If yes, spi	ecify Cubs	OF HISPANIC in, Mexican, Specify:		? (Specify Ye lican, etc.)	a or No— 1	4. RACE Black, Specifi	- American India White, etc.
G		CEDENT'S EC			16a. DECEDENT	S USUAL O	CCUPATIO	DN .		16b.	KIND OF BU	ISINESS/INDU	STRY	
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00	17. FATHER'S NAME (First, I	Middle, Lest)						16. MOT	HER'S NAME	(First, A	fiddle, Maider	Sumame)		
BE C	Willie Smi								thel					
10	19a. INFORMANT'S NAME (Mildred L.		0.00									vn, State, Zip C		
			on			-			,#20,	_	_			Md. 207
	20a. METHOD OF DISPOSI 1 Burial 2/ Cremati	tion 3 🗆 Re	emoval from State	20b. of ce	PLACE AND OAT emetary, cremator Rapp	y or other p	OSITION place)	(Name		OAT		OCATION — C		
	4 Donation 5 Other		LICENSEE	_	Карр	Crema	ator	У	SS OF FACIL	ITY	S11	ver S	prir	ng,Md.
	21. SIGNATURE OF FUNER	1				22.	NAME A	NU ADDRE	SS OF FACIL	LITY .	James	E. Va	nn F	F.H.
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DHMH-16 Rev 1/89

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0	Trene	J.	211	100			MONTH	(2)	YEAR (9:00)
E &	4. SOCIAL SECURITY NUMBER 0579-22-4269	5. SEX 8. AG	iE (In yrs. lest birthde) 78 vns.	MONTHE	DAYS HOU	INDER 24 HRS.	7. DATE OF BIRTH (Month, Day) be Dec. 20,	1913	e. BIRTHPLACE (State or Washingto
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DIR.		nce Georges		Distri	ict He				1 (X) YES 2 [
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) BE	19a. INFORMANT'S NAME (Type/Print)		2012			mber or Rural R	oute Number, City or	Town, State, Zip	Code)
2	David Heiston					Owings		0736	
	20e. METHOD OF DISPOSITION 1 Durial 2 Commetten 3 F 4 Donation 5 Other (Specify)		ef cemetary, cremate letropoli				1 .		City or Town, State
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CERTIFICATION

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29b. SIGNATURE AND TITLE OF CERTIFIER

Peter Sherer, M.D.

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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 10, 1991 June Louise Clair Shalala 6:15 P A. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. May 14, DAVS HOURS New York 115-28-0056 1 🗌 M 2 💢 F 55 1936 Se. FACILITY NAME (If not institution, give street and number) 9b. CITY. TOWN OR LOCATION OF OEATH 9c. COUNTY OF DEATH 8750 Brae Brook Drive Lanham Prince George's RESIDENCE OF DECEDENT 10a. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Prince George's Lanham Maryland 1 1 YES 2 | NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8750 Brae Brook Drive 20706 U.S.A. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—
If yea, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES XXNO Specify: 11. MARITAL STATUS 12. WAS OECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1XXNever Married 2 Married 3 Widowed 4 Divorced Caucasian 15. DECEDENT'S EOUCATION 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade completed) Prince George's County Elementary/Secondary (0-12) College (1-4 or 8+) 5+ School System Librarian 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) Mitchell J. Shalala Bertha Marie Reese 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Mark J. Shalala 1459 Valencia Rd., Schenectady, New York 12309 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Gate of Heaven Cem. 6-12-91 Silver Spring, Maryland 21, SIGNATURE OF THERAL SERVICE LICENSE 22. NAME AND ADDRESS OF FACILITY Rendon-Hale Lanham Funeral Home Lu 9013 Annapolis Rd., Lanham, Maryland Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiretory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Batween IMMEDIATE CAUSE (Finel **Onset and Death** disease or condition perator reaulting in death) DUE TO (OR AS A CONSEQUENCE OF Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): thet initieted events resulting in death) LAST PART II Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 20 2000 1 YES 2 NO OF DEATH? 1 TES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) OTHER:
4
Nursing Home 5
Residence 6
Other (Specify) HOSPITAL: 1 Inpatient 2 ER/Outpatient 3 DOA 1 TYES 2 NO 28s. DATE OF INJURY (Month, Day, Year) 27. MANNER OF OEATH 28b. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending 1 YES 2 NO 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined 4 Homicide 29a, CERTIFIER 1 🖾 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, date and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated.

29c. LICENSE NUMBER

3947 Ferrara Drive, Wheaton, Maryland

32. REGISTRAR'S SIGNATURE Lulia Davidson-Randall

30. NAME AND AODRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

29d. DATE SIGNED (Month, Day, Year)

June 11, 1991

TO BE COMPLETED BY FUNERAL DIRECTOR

BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	ir traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certification	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be filed within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: II Nem 28 is marked, or Nem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Last)	P. Se	HULTZ				2. DATE OF E	DEATH DAY - 2/ -	- YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-14-8675		6. AGE (In yrs. lest	birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS, HOURS MIN.	7. DATE OF 8 (Month, Der 12-26	- 4	Count	HPLACE (State or Foreign ry) ryland
96. FACILITY NAME (If not institution, give sti Baltimore County RESIDENCE OF DECEDENT		Hospital			or Location of D	EATH	9c. (Balt:	imore
10e. STATE 10b. COUNTY	imore		10c. CITY,	TOWN OR LOCAT					10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER 15405 Hanover Pik	æ			10	21155		10g.	CITIZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	IF YES, GIVE W	YES 2 NO	IED D	If yes, sp	ENDENT OF HISPA ecify Cuben, Maxic 2 P NO Speci	en, Puerto Ricer	pecify Yes or No 1, etc.)	- 14. RAC Blac Spec	E — American Indian, ik, White, etc. i//y: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 7th grade	CATION completed) College (1-4 or 5+)	(Glv. Iffe. I	e kind of wo Do NOT use	ISUAL OCCUPATION do during mo retired.)	ON ost of working		of Business		, Inc.
17. FATHER'S NAME (First, Middle, Last) Leslie Schultz					16. MOTHER'S N. Pearl		e, Maiden Surnar	ne)	
19a. INFORMANT'S NAME (Type/Print)		19b.	MAILING A	ADDRESS (Street	and Number or Rural		Otty or Town, Stat	e, Zip Code)	
Hollis Schultz					r Pike,				
20a. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Remo	oval from State	of cemetary.	crematory o	of disposition of other place) netery		6-24	20c. LOCATIO	N — City or T stead	
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE	1,	1	22. NAME A	ND ADDRESS OF F	E.	line Fu	neral	Home
23. PART I. Enter the diseases, or cahock, or heart failure. I						Street	. Hamps	tead,	Md. 21074 Approximate Interval Between
P. Larry 23. PART I. Enter the diseases, or c	a. DUE TO O		UENCE OF)	ot enter the mo	ode of dying, su	Street,	or respiratory	tead,	Md. 21074 Approximate Interval Between
23. PART I. Enter the disease, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions cause. The conditions of the cond	a. DUE TO (OR AS A CONSECTION AS A CONSEC	UENCE OF)	n the underlying place.	ig cause given in	Street, the according INT Part I. 244 Fresh	or respiratory	rtead,	Md. 21074 Approximate interval Between Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the diseases, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificant condition Cause, Strue DIAMSTIR MEDIATION CONDITIONS CHICANO CONDITIONS CALCANO CONDITIONS	DUE TO DUE TO DUE TO C. DU	OR AS A CONSECTION OF AS A CONSE	UENCE OF) UENCE OF) UENCE OF) UENCE OF)	the underlying place pla	ode of dying, sur	Part I. 24	. WAS AN AUTO PEDFORMEDT YES 2 N	rtead,	Md. 21074 Approximate Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the disease, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CRUCAST CONTROL CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition CRUCAST CAUSE (DISEASE PART II. OTHER AUGUST CAUSE) 25. WAS CASE REFERRED TO MEDICAL EXAMINERY 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO DU	GOR AS A CONSECTION OF AS A CONS	UENCE OF) UENCE OF) UENCE OF) UENCE OF)	ot enter the mo	g cause given in	Part I. 24 Trustines only one) 6 Other (S)	. WAS AN AUTO PEDFORMEDT YES 2 N	psy 24	Md. 21074 Approximate Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the disease, or cahock, or heart failure. I immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other aignificant condition Cause in death) LAST PART II. Other aignificant condition Cause in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	DUE TO DU	GOR AS A CONSECTION OF AS A CONS	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	ot enter the mo	ing cause given in the control of th	Part I. 24 Fresh heck only one) 6 Other (S) 286. DESCRI	Hamps or respiratory a. WAS AN AUTO PEDFORMEDT YES 2 N	PSY 24	Md. 21074 Approximate Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Enter the diseases, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions cause. Examiner? 1 Other algnificant conditions cause. Examiner? 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNEROF DEATH 1 Natural 5 Pending Investigation cause. Suicide 6 Could not be determined	DUE TO DU	GOR AS A CONSECTION OF INJURY — At hore etc. (Specify)	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	ot enter the mo	ode of dying, sur	Part I. 24/ Trusfil heck only one) 6 Other (S) 284. DESCRI	a. WAS AN AUTO PEDFORMEDT YES 2 N NO (Street and Nown, State)	PSY 24 o ccured a stated.	Md. 21074 Approximate interval Betwee Onset and Development of Completion of Caust Of Death? 1 Yes 2 No
23. PART I. Enter the disease, or cahock, or heart failure. I iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition Cause. Struck DIAMSETIC MARCHARD CONTROLL EXAMINER? 1 YES 2 NO 27. MANNEDO EDATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only)	DUE TO (DUE TO	GOR AS A CONSECTION OF INJURY — At hore etc. (Specify)	UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF) UENCE OF)	ot enter the mo	ode of dying, sur	Description of the cause of the	a. WAS AN AUTO PERFORMED? VES 2 N NO (Street and Nown, State)	PSY 24 O CCURED umber or Rural a stated.	Md. 21074 Approximate Interval Between Onset and De Onse

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attr	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)
JUN 1 9 91

HATTIE .	REGISTRAR CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) HATTIE NEWELL SMALLWOOD OF										3. T	IME OF DEATH			
4. SOCIAL SECURITY NUMBER	5. SEX					7. DATE OF				E (State or Foreign					
217-14-3084	1 🗌 M 2 🗍 F	97	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month.)	Dey, Year)		Country)				
9e. FACILITY NAME (If not institution, give str	net and number)			9b. CITY	, TOWN O	R LOCATI	ON OF O		1.55		Y OF OEATH				
NORTH ARUNDEL HOSE	PITAL ASS	SOCIATIO	N	GL	EN B	URNI	Ε			Α	A. CO	UNTY			
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY				V TOWN	OR LOCAT	100					1 104	INSIDE CITY			
	A 1 7											LIMITS?			
100. STREET AND NUMBER	Arundel		[7]	en R	unni	ZIP COO	E			10g. CITIZE	N OF WHAT	A			
404 Oakwood Static	n Rd.					21	061				USA				
11. MARITAL STATUS	12. WAS DECEDEN			13.	WAS DEC	ENDENT C	OF HISPAI	NIC ORIGIN?	(Specify Yes	or No 14	I, RACE A	merican Indian,			
1 Never Married 2 Married	FORCES? 1 IF YES, GIVE W	YES 2 NAR OR DATES	10		If yes, spe			en, Puerto Rid ly:	en, etc.)		Black, Wh Specify:				
३ (∑ Widowed 4 □ Divorced						X					_	dhite			
15. DECEOENT'S EOUC. (Specify only highest grade of	ompleted)	(G	CEDENT'S ive kind of a Do NOT us	work done	during mo	N at of working	ng	16b, I	UND OF BUS	SINESS/INDUS	STRY				
Elementary/Secondary (0-12)	College (1-4 or 5 +)	iemak						Our I	lorso					
17. FATHER'S NAME (First, Middle, Last)	· ·	1101	Cinak	CI		18, MOT	HER'S NA	ME (First, Mi	OWN F						
Charles Rorabaugh						Ada	Lil	lian	Bibb						
19a. INFORMANT'S NAME (Type/Print)		190	b. MAJLING	ADDRES	S (Street a					n, State, Zip C	ode)				
19a. INFORMANT'S NAME (TyperPrint) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) Charles Walker 404 Oakwood Station Rd., Glen Burnie, ild. 21061															
20e, METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State															
4 Donation 5 Other (Specify) Pavage Centerery 06-1/-91 Savage, ild.															
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Fleck Funeral Home, Inc. 7501 Sandy SpringRd., Laurel, Md. 20707															
23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest,												Approximate interval Between			
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Due To (OR AS A CONSEQUENCE OF):												Onset and De			
	DUE TO	(OR AS A CONSE	QUENCE O	F):		,									
Sequentially list conditions, Due to (or as a consequence or:															
if any, leading to immediate cause. Enter UNDERLYING	DUE TO	(OH AS A CONSE	QUENCE U	r):	_	R	YO	cia	Sun	ndon	ne				
CAUSE (Disease or Injury that initiated events	DUE TO	(OR AS A CONSE	QUENCE O	rica F):		00	,		-	, ,					
resulting in deeth) LAST															
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PART II. Other algnificant conditions	contributing to	deeth but not i	reaulting	in the u	nderlyin	g ceuse	given in	Part I.	PERFOI		AMA	E AUTOPSY FINDIN LABLE PRIOR TO			
					-			- 1	1 TYES 2	NO 🗌		IPLETION OF CAUSI DEATH?			
								— 1			1 [YES 2 NO			
	HOSPITAL:	21347 UTC 9-3			R:			heck only one,							
25. WAS CASE REFERRED TO MEDICAL EXAMINER?															
EXAMINER? 1 YES 2 NO	_	26e. DATE OF INJURY (Month, Dey, Year) 26b. TIME OF 28c. INJURY AT WORK? Pending													
EXAMINER? 1	26a. DATE OF		IN.	M	1 (7)	2 Accident Investigation									
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, D	ey, Year) F INJURY At he		М			NO	28f. LOCA	FION (Street	and Number o	r Rural Route	Number,			
EXAMINER? 1	26e. DATE OF (Month, D	ley, Year)		М			NO	28f. LOCA City of	FION (Street Town, State)	and Number o	r Rurel Route	Number,			
EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation 3 Suicide 6 Could not be	26a. DATE OF (Month, D 28a. PLACE O building,	ey, Year) F INJURY — At ho	ome, ferm,	M street, fac	ctory, offic	•		City or	Town, State,		_	Number,			

DALJIT S. SAWHNEY, M.D./1600 CRAIN HIGHWAY, SW, #201/GLEN BURNIE, MARYLAND 21061

182 REGISTRAR'S SIGNATURE

BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit.	amoval. Ileal examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit.	be filed within 72 hours after death with the State Dept. of Heath and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: It liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1 - STATE REGISTRAR	STATE OF MARYL		MENT OF HEA		MENTAL HYGIENE REG. NO.	91	10200				
1. DECEDENT'S NAME (First, Middle, Last)	CHANDLER	FREDERICK	SMIT	н	2. DATE OF DEATH DAY June 15	199	3. TIME OF DEATH 8:05 p M				
214-05-4055	1 № 2 □ F 85	YRS.	ONTHS DAYS HO	UNDER 24 HRS. URS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT 14 19	05 MA	RTHPLACE (State or Foreign unitry) RYLAND				
9a. FACILITY NAME (If not institution, give atre Memorial Ho		9	b. CITY, TOWN OR LO	erland	ATH	9c. COUNTY O	egany				
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MARYLAND ALLE	GANY		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 NO				
100. STREET AND NUMBER 514 REGINA AVE.			10f. ZIP	21502		U.S.	DF WHAT COUNTRY?				
	12. WAS DECEDENT EVER IN FORCES? 1 YES	25 NO		Cuben, Mexican	IC ORIGIN? (Specify Yes on Puerto Ricen, etc.)	or No- 14. R	ACE — American Indian, plack, White, etc. pecify: WHITE				
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)			BUAL OCCUPATION & done during most of retired.)	working	16b, KIND OF BUSI		Y .				
O 17. FATHER'S NAME (First, Middle, Leet) WILLIAM HENRY SMI	TH	PRINTER	1.0		NEWSF ME (First, Middle, Malden S NE ELIZABET	Surname)					
190. INFORMANT'S NAME (Type/Print) ANNETTE C. GERO	111		DDRESS (Street and h	umber or Rural R	NE ELIZADE I Noute Number, City or Town, FON , MARYLA	, State, Zip Code					
20a, METHOD OF DISPOSITION 1 Method of Disposition 1 Donation 8 Other (Specify)	val from State SI	D. PLACE AND DATE O	F DISPOSITION (Na	me	DATE 20c. LOC	ATION — City o					
21. SIGNATURE OF FUNERAL SERVICE NCE			SILCOX	DDRESS OF FAC MERRIT		HOME					
shock, pr heart failure. L IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	ech line.	- Respiratory Arrest ONSEQUENCE OF): MO M' G ONSEQUENCE OF): Repart Failure								
PART II. Other significant conditions	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 I NO										
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLAC	OF DEATH (Che	eck only one)						
1 VES 2 NO 27. MANNER OF DEATH 1 Naturel 8 Pending	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year)	patient 3 DOA 28b. TIME INJUI	OF 28c. INJURY WORKS	AT	8 Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURE	D				
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJURY building, etc. (Spec	f — At home, farm, str city)		281. LOCATION (Street in City or Town, State)	et and Number or Rural Route Number, te)						
and and	IAN: To the best of my know						use(a) and manner as stated.				
296. SIGNATURE AND TITLE OF CERTIFIER	For	Be.	25	c. LICENSE NUN	3 7 1	≥ 6/	16/91				
30. NAME AND ADDRESS OF PERSON WHO		ospital M		ilding	-Cumberland	d, MD	21502				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—mours after death. Page 6 may be retained by the hospital or attending physician. The THESPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate has been signed by the attending physician and completely filled in by the tuneral director, case 5 should be detached for use as the bunal-transit certificate.
International control of the state of the st

31. DATE FILEO (MOTUNA) 199

	1 - FOR STATE REGISTRAR	STATE OF MARYL		MENT OF HEALT		ENTAL HYGIEN REG. NO.	Ε '	01 10203					
	1. OECEDENT'S NAME (First, Middle, Last)	Smile	J			2. OATE OF DEATH	9	3. TIME OF GEATH					
	- 2111	5. SEX 6. AGE (I		IF UNDER 1 YEAR IF UND ONTHS DAYS HOURS		7. DATE OF BIRTH (Month, Day, Year)	HRTHPLACE (State or Foreign cuntry)						
OR	98. FACILITY NAME (If not institution, give street Cumbe (and Nuc	et and number) Bing Cen	ter "	Cumber	and	MD.	ALL COUNTY	OF DEATH					
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY MD AI	LEGANY	10c. CiTY,	TOWN OR LOCATION	ERNPOF	οπ		100. INSIDE CITY LIMITS? 1 7 YES 2 NO					
FUNERAL	10e. STREET AND NUMBER 411 MARYLAND			10f. ZIP CC			10g. CITIZEN	OF WHAT COUNTRY?					
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 JAO	13. WAS OECENOEN	OF HISPANIC ban, Maxican,	C ORIGIN? (Specify Yes, Puerto Ricen, etc.)	or No— 14.	RACE — American Indian, Black, White, atc. Specify: WHITE					
COMPLETED			ilfe. Do NOT use	rk done during most of wor retired.)	rking	16b. KIND OF BUS	BINESS/INOUST	RY					
	UNKNOWN 17. FATHER'S NAME (First, Middle, Last) JAMES W. SMIL	EY	FACT	ORY EMP		PAPER IE (First, Middle, Maiden IE I. BARN		G					
TO BE	198. INFORMANT'S NAME (Type/Print) OLIVE MTCHA	EI.	111	DDRESS (Street and Num	ber or Rural Ro	oute Number, City or Tow	n, State, Zip Coo	le)					
must be	201/ METHOD OF DISPOSITION 1 Burlet 2 Cremetion 3 Remove 4 Donetton 5 Other (Specify)	206	other place)	TION (Name of cometery, c		20c. LO	20c. LOCATION — City or Town, Stata WESTERNPORT, MD						
examine	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY BOAL—WARNICK FUNERAL HOME 111 CHURCH ST. WESTERNPORT, MD												
rem, we mente	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiac or respiretory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) OUE TO (OR AS A CONSEQUENCE OF):												
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	OUE TO (OR AS A	CONSEQUENCE OF)										
CERTIFICATION	CAUSE (Disease or injury thet initiated events resulting in death) LAST	DUE TO (OR AS A	DUE TO (OR AS A CONSEQUENCE OF):										
ked, or item 23 snows any injury, PHYSICIAN: MEDICAL CE	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED?												
IAN	25. WAS CASE REFERRED TO MEDICAL				F DEATH (Chec	ck only one)							
YSICI/		HOSPITAL: 1 Inpatient 2 ER/Outp	patient 3 DOA	OTHER: Washing Home 5	Residence 8	8 Other (Specify)							
BY PH	27. MANNER OF OEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJU	M 1 YES	100	28d. DEŞCRIBE HOW INJURY OCCURED							
Z8 IS	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	' — Al home, farm, at city)	Al home, farm, street, factory, offica 281. LOCATION (Street and Number or Rural Route Numb City or Town, State)									
PORTANT: 11 146m 28 18 BE COMPLETED	one)	IAN: To the best of my know : On the beals of examination						suse(a) and manner as stated.					
BE BE	296. SIGNATURE AND TITLE OF GETTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. DATE SIGNED (Mon												
은	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DE	EATH (ITEM 27) (Type,	Brint) 0 00	4-1	00	01	1					

OHMH-16 Rev 1/89

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5	PHYSICIAN:
DIVISION OF VITAL RECORDS, P.O. DOA 13149,	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-
5	OR

	FOR STATE REGISTRAR		STATE OF I					IEALTH AND I		HYGIENI REG. NO.	E :	91	18210
	1. DECEDENT'S NAME (First		Laur	a B.	. Si	Summe	r		2. DATE OF DEATH 6421/91 VEAR 3. TIME OF DEATH 06 21 91 1406 M				
	1000	4. SOCIAL SECURITY NUMBER 213-38-3647		SEX 8. AGE (In yrs. last ☐ M 2 🖾 F 78		IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, 1)	BIRTH Pay Year	Cou		
	213-38-364 9a. FACILITY NAME (# not in			70	YRS.	ab CITY	POWAL (OR LOCATION OF DE		.4,1.7.		Mary TY OF DEA	rland
œ	Shady Grov			spital	L			ville	inin .			ntgon	
ЕСТОВ	RESIDENCE OF DEC	EDENT											
C 1	10e. STATE	10b. COUNT			10c. CIT	ry, town of						ĺ	ed. INSIDE CITY LIMITS?
AL DI	Maryland 100. STREET AND NUMBER	Mon	tgomery			Ga:	_	ersburg			10a CITIZ		T COUNTRY?
E E	23409 Wo	odfie	ld Rd.					20882				USA	
FUNER	11. MARITAL STATUS		12. WAS DECEDEN					ENDENT OF HISPAN			or No-	14. RACE -	- American Indian, White, atc.
ВУ Б	1 Never Merried 2 3 Never Merried 2 3 Never Merried 2 Divo		IF YES, GIVE	MAR OR DATES				ecify Cuban, Mexica 2 KNO Specifi		en, atc.)		Specify:	ienine:
	200	EDENT'S EDU	CATION	164	. DECEDENT'S	USUAL OC	CHPATH	ON	18b. K	IND OF BUS	INFSS/INDI	ISTRY	White
		y highest grade			(Give kind of life. Do NOT u	work done di	iring mo	ost of working	1				
APL	12	-			Ho	usewi:	e e			Own	n hom	е	
COMPL	17. FATHER'S NAME (First, A							18. MOTHER'S NA					
B			Burdette						llie				
5	Washingtor		owie					Dr., Ga:					32
	20e. METHOD OF DISPOSIT 1) Buriel 2 Cremetic 4 Donation 5 Other	on 3 🗆 Rem	noval from State		er place)			metery, cremetory or U.M. Ceme	etery		odfie		
	≥ Olin	£.	Moles			22. N	2640	nd Address of FA n L. Mole Ol Ridge	eswort Rd.	h, P. Damas	A.	Md.	
		eart fallure.	complications the List only one car	at caused the use on each	e death. Do line.	not enter	he mo	ode of dyling, aud	h as cardia	c or respi	ratory arre	est,	Approximate Interval Between Onset and Deeth
	IMMEDIATE CAUSE (Findisease or condition reaulting in death)	→	a. Cond	igenie	shore	h							Mineter
			DUE TO	O (OR AS A CO	NSEQUENCE (OF):	/	hhadi-					24.0.00
NO	Sequentially list condi-	ilona,	b. Man DUE TO Ather	OR AS A CO	NSEQUENCE C)F):	1 2	- Thomas					Manual .
CATION	If any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Init	ING	a Ather	nelution	i card	invised	n	discon					years
RTIF	that initieted evente reaulting in death) LAS	6	DUE TO	OR AS A CO	NSEQUENCE (OF):							
8	PART II. Other significa	ent condition	ne contribution to	a death but r	not moulting	In the un-	tortula	a causa aluan la	Dort I 2	4a. WAS AN	ALIMOROV	1 245 1	WERE AUTOPSY FINDINGS
CAI	Recent reli	ac brave	_	t accid			,	g cadao gron in		PERFOR	MED?	1	MAILABLE PRIOR TO COMPLETION OF CAUSE
MEDIC	Chronic as	mente	i deneni	M	7				- '	YES 2	- NO		OF DEATH?
	Chinix B	mit							_ 1				
SICIAN:	25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL	1000			E		LACE OF DEATH (C/	eck only one)				
ı >- ı	1 YES 2 NO		HOSPITAL:	ROutpatie	nt 3 🗆 DOA	4 Nurs		ne 5 🗆 Realdence	8 🗆 Other (Specify)			
ВУ РН		Pending 28e. DATE OF INJURY (Month, Dey. Year) 28b. TIME OF INJURY WORK? 28d. DE\$CRIBE								RIBE HOW II	NJURY OCC	CURED	
TE	2 D Sufalda	3 Suicide 8 Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Bural City or Town, State)									or Rural Ro	ute Number,	
MPLE	one)	mi Di sa sa	BICIAN: To the beat of										and manner ee stated.
BE CO	296, SIGNATURE AND TITLE	29c. LICENSE NUMBER 0 - 19042 29d. DATE SIGNED (Month).											
TO BE COM	30. NAME AND ADDRESS O	PERSON WI	HO COMPLETED CAL	USE OF DEATH	(ITEM 27) (Typ	e, Print)						<u> </u>	
	BYRL D. JOHNSON M.D. 911 Russell Avenue Gaithersburg, Maryland 20879												

31. DATE FILED (MORIT) DON 10-32 4 1991 32. REGISTRAR'S SHONATURE Pands

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2xJust after death. Page 6 may be retained by the hospital or attending physician.
THE FUNERAL DIRECTOR: After this certificate has been signed by the attention physical and computerly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, never the property of the attention of the permit of
he field within 72 hours after death with the State Dept. Of realth and Merital hyperic prior to be used. We have so the marked, or litem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1. DECEDENT'S NAME (First, Middle, Leat) Leopolda Staples STAPLES 2. DATE OF DEATH MONTH MONTH DAY OZ3Z											3. TIME OF DEATN		
			1741	463	1	6 1	9	91	0232 H				
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE ('In yrs. last		IF UNDER 1 YEA		IF UNDER 24 HRS. 7, DATE OF BIRTH HOURS MIN. (Month, Day, Year)			8. BIRTHPLACE (State or Foreign Country)		
214-82-9823		1 🗌 M 2 🔀 F	- 7	77	YRS.				/26/191		Pol		
9a. FACILITY NAME (If not in					9b. CITY, TOV	IN OR LOCATION OF	F DEATH			NTY OF C			
Frederick M	Memoria	al Hospit	a1			Frede	erick			Fre	eder	ick	
10e. STATE	10b. COUNTY	1			10c. CITY,	TOWN OR LO	CATION					10d. INSIDE CITY LIMITS?	
Maryland	Frede	erick			В	runswi	ck					1 X YES 2 NO	
10e. STREET AND NUMBER							101. ZIP CODE			10g. CIT	ZEN OF	WHAT COUNTRY?	
11 West "I	" Stre						21716				SA		
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS OECEOEN FORCES? 1	YES	2 XNC		If yee	DECENDENT OF HIS , specify_Çuben, Me:	xicen, Pue		e or No	14. RAC Blac	E — American Indien, k, White, etc.	
3 Widowed 4 Divo		IF YES, GIVE V	WAR OR DA	ATES		1 🗆	YES 2 XINO Sp	ecify:			Spec	White	
15. DEC	EDENT'S EDU	CATION		16a, DEC	EDENT'S U	ISUAL OCCUP	ATION		16b. KINO OF BU	SINESS/INC			
(Specify online Elementary/Secondary (0	y highest grade	completed) College (1-4 or 5	+)	(Give	e kind of wo Do NOT use	ork done during retired.)	most of working	- 1					
,	-	2		P	aint	er			Self-E	mploy	red		
17. FATNER'S NAME (First, M	iddle, Last)						18. MOTNER'S	NAME (Fi	st, Middle, Maider				
August Grze	sinska	A					Anna	Fict	el				
190. INFORMANT'S NAME (1				19b.	MAILING	ADDRESS (Str	eet and Number or Ru			vn, State, Zij	Gode)		
Raymond G.	Stap1	es		1	1 Wes	st "D"	Street.	Bru	nswick.	MD.	2171	5	
20e. METNOD OF DISPOSIT		oval from State	20t	other place	F DISPOSI	TION (Name o	f cemetery, crematory	or	20c. L0	OCATION -	City or T	own, State	
4 🗋 Oonation 5 🗆 Other	(Specify)		_ S	St. M	ary'	s Ceme				ters	/ille	e, MD	
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	111	11			E AND ADDRESS OF			1 Hor	no		
/3a/16a	ra A.	Williams	Fi	in. b	ir.							MD 21716	
23. PART I. Enter the d		complications the	t cause	d the daa	th. Do no							Approximata	
ahock, or h		List only one car	use on a	ach lina.								Intarval Between Onset and Daath	
disease or condition	→	ARTE	RIO	SCL	ER	OTIC	CARD	IDV	9.5044	16)ISE	ASE	
resulting in Galatin	•				UENCE OF								
Consentation has condit		b											
Sequentially list condit if any, leading to imma	diata	DUE TO	(OR AS	A CONSEO	UENCE OF):							
cause. Enter UNDERLY CAUSE (Disease or Inju		C	(OD 40 (COMPE	UENCE OF								
that initiated events resulting in death) LAS	т	OUE TO	(UH AS A	CONSEC	UENCE OF):							
	-	d										1	
PART II. Other eignifica	ent condition	s contributing to	death b	out not re	aulting in	tha under	lying cause given	in Part		N AUTOPSY	24	b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO	
									1 TYES			COMPLETION OF CAUSE OF DEATH?	
												1 YES 2 NO	
25. WAS CASE REFERRED T	O MEDICAL	1100001741		,		-	8. PLACE OF DEATN	(Check on	ly one)				
1 X YES 2 □ NO		HOSPITAL:	ER/Out	patient 3	□ DOA	OTHER:	Home 5 - Realder	nca 8 🗆 (Other (Specify)				
27. MANNER OF DEATH		28e. DATE Of (Month, I			26b. TIME	OF 28c	. INJURY AT WORK?	28d.	OESCRIBE HOW	INJURY O	CURED		
1 Natural 5 2 Accident	Pending Investigation					M 1	YES 2 NO						
	Could not be		of INJURY		ne, ferm, si	treet, factory,	office		LOCATION (Street City or Town, State		er or Rumai	Route Number,	
4 Nomicide	determined												
TOTAGE OTHY	TIFYING PNYS	ICIAN: To the best o	f my know	vledge, des	ith occurre	d at the time,	date end place, and	due to the	ceuse(e) end m	enner ee str	ited.		
one)	ICAL EXAMINE	ER: On the basis of	xaminatio	on end/or in	nvestigation	n, in my opinie	on, death occured at	the time,	date end place, a	and due to t	he cause	(e) end manner se stated.	
29b NGNATURE AND TITLE	OF CERTIFIE	Pokerte	m	D			29c. LICENSE	NUMBER	7	29d. DA	TE SIGNE	0 (Month, Day, Year)	
						D-I-41	100	784	2/		06	19/91	
30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (TYPO, PrINT) RRRRR 12 0 13 ENTS MD 15 W 7 St Frederick Md 2,701-4559													
RRRA 31. DATE FILED (Month, Day, JUN 25 19					W (1) (1) (1) (1) (1) (1)	774	st Fr	ede	rick	m	1 2	1701-459	

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DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	(_
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.		
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 3, 3 should	Pages 1, 2, 3 shuld	
be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.		
IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.		
	10 th 10 th	l

	REGISTRAR		CE	RTIFI	CATE	OF	DEAL	Н		REG. NO.				
	1. DECEOENT'S NAME (First, Middle, Last)				1				2. DATE OF	DEATH DA	v	YEAR	3. TIME OF DEATH	
	NETTIE ALLEN TIP	PETT							June	June 16, 1991			2:30 AM H	1
Fig.	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	AGE (In yrs. last birthday) IF UNDER 1				24 HRS.	7. DATE OF	BIRTH		8. BIRTH Countr	IPLACE (State or Foreign	
N.	219-58-7670	219-58-7670 1□ M 2 5□ F 70 Y							March 16,1921 Vir					
1.	9e. FACILITY NAME (If not institution, give str	reet and number)			9b. CITY, T	OWN C	OR LOCATION	ON OF O		20,1		NTY OF O		ī
5	St. Mary's Hospi	tal			Lec	naı	rdtov	m			St	Ma	ary's	
5	RESIDENCE OF DECEDENT													
2	10e. STATE 10b. COUNTY				, TOWN OR								10d, INSIDE CITY LIMITS?	
0	Maryland Prince	e George'	S	Г	orest	V11	те						1 YES 2 K NO	
A	10e. STREET AND NUMBER					101	. ZIP CODI				12.415		WHAT COUNTRY?	
E	3607 Nearbrook Ave	enue					20	747	4.1			U.S.	Α.	
FUNERAL DIRECTOR	11. MARITAL STATUS	12. WAS OECEDENT	EVER IN U.S. ARM	ED					NIC ORIGIN?		or No-	Black	E American Indian, k, White, etc.	
ВУ	1 Never Married 2 Merried 3 Widowed 4 Divorced	IF YES, GIVE WA					2 🕅 NO			, 510.)		Spec	"White	
					1								wnite	_
里	15. DECEDENT'S EDUC (Specify only highest grade		16a. DEC	EDENT'S	USUAL OCC rork done du a retired.)	ring mo	ON ast of working	ng	16b. K	IND OF BUS	SINESS/INC	USTRY		
٣	Elementary/Secondary (0-12)	College (1-4 or 5+)								G D		ъ.	• 1 C	
COMPLETED	12		Sto	ck C	Lerk				-			кет	ail Store	_
8	17. FATHER'S NAME (First, Middle, Last)						41.50		AME (First, Mic					
BE		Hynson							rence				ens	_
2	19e. INFORMANT'S NAME (Type/Print)								Route Number					
	Wayne Tippett							Sund	lerlan					_
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Ramo	oval from State	20b. PLACE A						6/10/	20c. LO	CATION -	City or To	Maryland	
	4 Donation 5 Other (Specify)		TOTE	LINC									maryranu	_
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMBES /	1	,	22. N	eor	ge P	ss of FA	alas F	unera	1 Ho	me		
	Leaegel-	+ Xas	(el)										Maryland	
	23. PART I. Entar the diseases, or o	omplications that	caused tha des	th. Do n	ot enter t	he mo	de of dy	Ing, suc	ch se cerdie	c or resp	retory sr	rest,	Approximate	_
	shock, or heart fallure.	List only ons cour	se on aach iine.										intarvai Between Onset and Death	
	disease or condition	CAR	CLNO	m f	1 1	_\1	NI/	-						
	resulting in death)	DUE TO (OR AS A CONSEO	UENCE OF	7):		NU	_						-
7	disease or condition resulting in death) a. CARCINOMA LUNG DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):													
CERTIFICATION	Sequentially list conditions, If any, leading to immediate D. OUE TO (OR AS A CONSEQUENCE OF):													_
8	cause. Enter UNDERLYING													
Ē	CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF):													_
E	resulting in death) LAST													
	DART II Other significant condition	a contribution to	dooth but not s	nudal na d	- Abd			_l t_	Dist.		AIFTODOV		WEEK ALTROPOV CHIRAGO	_
EDICAL	PART ii. Other aignificant condition	s contributing to	ueath but not re	suiting i	n the und	eriyin	g ceuse	given in	Part I.	Part I. 24a. WAS AN AUTOPSY PERFORMED?			24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ă										1 TYES 2	ON []		OF DEATH?	
ME									_				1 TYES 2 NO	
ä														
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			OTHER		LACE OF D	EATH (C	heck only one)	1				_
YSI	1 TYES 2 NO	1 Inpatient 2	ER/Outpatient 3	□ DOA			ne 5 🗆 R	esidence	6 🗆 Other	(Specify)				
H	27. MANNER OF DEATH	28e. DATE OF (Month, De	INJURY ly, Year)	26b. TIM	E OF :	26c. IN. W	JURY AT ORK?		28d, DESC	RIBE HOW	INJURY O	CURED		
BY	1 Natural 5 Pending 2 Accident Investigation			W	М	1 🗌	YES 2	NO						
	3 Suicide 6 Could not be		F INJURY — At horetc. (Specify)	ne, ferm, s	street, facto	ry, offic	ce			TION (Street Town, State)		r or Rural	Route Number,	
TE	4 Homicide determined					- 22								
7	29e. CERTIFIER 1 CERTIFYING PHYSI	CIAN: To the best of	my knowledge, dea	ith occurr	ed at the tin	ne, date	and place	, and du	e to the caus	e(e) end ma	nner as str	ited.		
COMPLETED	and)	R: On the basis of ex	amination and/or is	nvestigatio	n, in my op	inlon,	death occu	red at the	e time, date s	ind place, ar	nd due to t	he cause((s) and manner as stated.	
	29b. SIGNATURE AND TITLE OF CERTIFIE	1//	16			-	29c 110	ENSE NU	IMRER	_	294 DA	TE SIGNE	D (Month, Day, Year)	_
BE	B	· 1/1/	UE				D	33	470		D	0/1/	6/91	
5	30. NAME AND ADDRESS OF REASON WH	O COMPLETED CALIS	E OF DEATH (ITEM	1 27) (7voe	Print)		2	00	110	_		110		_
	24 Aev	ED	THAI	IFR	1 /	PO	BOX	66	4,	FIN	A D.D	7071	am on	
	31. DATE FILED (Month, Day, Year)	32. REGISTRA	R'S SIGNATURE	LN	1				<i>u</i> .	/1	7-100	.000	· · / · / · / ·	_
	JUN 18 '91 4	who Savide	- Randell											
			1											

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'n,	28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner	
or remove	medical	
EHOII,	the	
affer death with the state Dept. Of Health and Mental hygiene prior to Dunal, cremation, of removal.	ic event,	
OF NO DIE	aumat	
Diene pri	other tr	
É	50	
Merica	njury,	
n and	any i	
or Healt	hows	
Jegi.	23 \$	
State	Item	
ale ale	0	
ath with	marked,	
90	60	
аще	500	

IMPORTANT: If Item

	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /				EALTH DEAT		MENT	AL HYGIE		•	102.0
٠٠,٢	1. DECEDENT'S NAME (First, Middle, Lest)	Thoma		1					2. DA MOI	TE OF DEATH	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 242-48-0204	5. SEX	8. AGE (In yrs. les	t birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 2 HOURS	4 HRS. MIN.	7. DAT	TE OF BIRTH	1933	Country)	H CAROLINA
OR	98. FACILITY NAME (If not institution, give s Price georges RESIDENCE OF DECEDENT		ch				eru	N OF O				PS	ATH
DIRECTOR	10e. STATE 10b. COUNTY	E GEORGE	'S	10c. CIT	Y, TOWN O	R LOCAT		PITA	L H	EIGHTS	S		IOd. INSIDE CITY LIMITS? IXXYES 2 \(\square\) NO
FUNERAL	100, STREET AND NUMBER 703 QUARRY AVENUE					101	. ZIP CODE	20	743		10g. CITI	U.S	A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced		IT EVER IN U.S. AR IX YES 2 IN MAR OR DATES	MED NO	1	f yes, sp	ecity Cuben		in, Puer	GIN? (Specify ' to Ricen, etc.)	Yea or No-		- American Indian, White, etc. : BLACK
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12) 12th grade	CATION completed) College (1-4 or 5	+) (G		se retired.)		ON st of working	,			BUSINESS/IND		NT
	17. FATHER'S NAME (First, Middle, Lest) JOSEPH THOMAS			102112.				ER'S NA	ME (Firs	t, Middle, Maid		MUNIT.	TAT
TO BE	190. INFORMANT'S NAME (Type/Print) MRS. HELEN THOMA	S (WIFE)	1.00				nd Number	or Rural	Route N	imber, City or 1	own, State, Zip		20743
	20e. METHOD OF OISPOSITION 1 XX Jurial 2 Cremation 3 Rem 4 Donalton 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	1	20b. PLACE LINCO		EMOR]	AL OEL	CEMET PNORE	ERY	PAT	SU HOME,	INC.), MA	n, State RYLAND 20019
	23. PART I. Enter the diseases, or shock, or heart failurg	List only one ca	use on each ilne	.	not enter	the mo	de of dyir						Approximate Interval Between Onset and Death
_	disease or condition resulting in death)	a. Juda	O (OR AS A CONSE	QUENCE O	PF):	eat	5 a	de	va-	Eloka -	Dese	rose	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	O (OR AS A CONSE										
PHYSICIAN: MEDICAL CE	PART II. Other aignificant condition	ne contributing to	o death but not	resulting	In the ur	ideriyin	g cause g	Iven in	Part I.	PERI	AN AUTOPSY FORMED?		WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2XXNO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 Pres 2 □ NO	HOSPITAL:	ER/Outpatient :	1 DO4	OTHE	₹:	LACE OF DE						
BY PHYS	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE O		28b. TI		28c. IN.	JURY AT DRK?		Y	ther (Specify) DESCRIBE HO	W INJURY OC	CURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE building	OF INJURY — At he i, etc. (Specify)	ome, farm,	street, fact	tory, offic	֥		28f. t	OCATION (Streetly or Town, St.	eet end Number ate)	or Rural Ro	oute Number,
COMPLETED	290. CERTIFIER (Check only one) 1 CERTIFYING PHYS 2 MEDICAL EXAMINI	ER: On the best of											end manner as stated.
TO BE	296. SIGNATURE AND TITLE OF CERTIFIE Lunga Why	Sim					29c. LICE	NSE NU	MBER 2		29d. DAT	E SIGNED	(Month, Day, Year)
	and address of person we	u no	9556		e, Print)	14	wy	UPT	ner	mont	bors 1	10 2	2772
	JUN 10 191	0 -	AR'S SIGNATURE	2									

3. TIME OF DEATH

2:30PM

West Virginia

10d. INSIDE CITY

8. BIRTHPLACE (State or Foreign Country)

PRINCE GEORGE'S

91

9c. COUNTY OF DEATH

10e. STATE

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER

230-34-8912

TIVIS

9a. FACILITY NAME (If not institution, give street and number)

5. SEX

PRINCE GEORGE'S HOSPITAL CENTER

10b. COUNTY

1 XXM 2 - F

IF UNDER 1 YEAR

10c. CITY, TOWN OR LOCATION

DAYS

CHEVERLY

IF UNDER 24 HRS.

9b. CITY, TOWN OR LOCATION OF DEATH

TOLLIVER

61

6. AGE (In yrs. last birthday)

2. DATE OF DEATH MONTH 06 0

7. DATE OF BIRTH (Month, Dey, Year) Feb. 15,

09

ā	MARYLAND Princ	ce George's	Lá	andov	er				1	X YES 2 NO	
1 A	10e. STREET AND NUMBER				10f. ZIP C	ODE		10g. CIT	ZEN OF WH	AT COUNTRY?	
ER	6218 Landover Ro	oad			20	785		Ur	nited	States	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	\$ 2 NO			uban, Maxican	C ORIGIN? (Specify , Puerto Rican, etc.)	Yes or No-	14. RACE — Black, V Specify: Whit		
TED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done	CCUPATION during most of we	orking	16b. KIND OF I	BUSINESS/INC	DUSTRY		
PLET	Elementary/Secondary (0-12) 12th	alesm	an		Jim Mc	Kay Ch	nevrol	.et			
COMPL	17. FATHER'S NAME (First, Middle, Last)						NE (First, Middle, Maid	-			
TO BE	Amos Tolliver					olly H					
2	19a. INFORMANT'S NAME (Type De(nt) Patricia Tollive	or					ndover,			20785	
	20a. METHOD OF DISPOSITION 1 Burlel 2 A Cregotion 3 pm	1 -1	DE PLACE NO DAT	E OF OISP	OSITION (Name	,		LOCATION -			_
	4 Donation 6 Doner (Specify)	11///	Metropol				6-12-91				
	21. HARMSTUNE OF FUNERAL SERVICE LI	15	V.	FR	ANCIS	GASCH	S SONS F	UNERAI	HOME	, P.A.	
\vdash	23. PART I. Enter the diseases, or	complications that caus	and the death. Do				., HYATT		_	20/81	_
	shoot, or heart fallure. IMMEDIATE CAUSE (Final disease or condition	List only one cause on	aach line.		o my	o na	the u	i H	,	Interval Between Onset and Dea	
	resulting in desth)	DUE TO JOR AS	S A CONSEQUENCE C	F)	20	Jon Jon	July on	u w			-
ATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b. If the	A CONSEQUENCE O	lin	Pori	- 1	0 /0				
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): d.										_
											is
MEDICAL							PERI	FORMED7	C	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
MEDIC			ar Joh					7	1	YES 2 NO	
AN:											
<u>S</u>	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE	R:	OF DEATH (Chi					_
BY PHYSICIA	1 YES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 ER/O		_	28c. INJURY A		6 Other (Specify) 28d. DESCRIBE HO	W INJURY OF	CCURED		_
ВУ Р	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year		JURY M	WORK?		Est. Degombe no				
G	3 Suicide 6 Could not be datarmined	28e. PLACE OF INJU- building, atc. (S)	IRY — At home, farm, pecify)	street, fac	tory, office		261. LOCATION (Str. City or Town, St		or or Rural Rou	rte Number,	
PLETE	29s. CERTIFIER (Check only 1 CERTIFYING PHYS	SICIAN: To the best of my known	owledge, death occur	red at the	time, data and p	lace, and due	to the cause(a) and	manner as sta	nted.		
O BE COMP	2 MEDICAL EXAMIN	ER: On the basis of exemples						, and due to t	the cause(a) a	ind manner as stated.	
BE (296 SIGNATURE AND TITLE OF CORTIFIE	"h/0 1)	MO		29c.	Z 01	IBER (29d. DA	6/11	Worth, Day, Year)	
2	NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF	OEATH (ITEM 27) (Typ	e, Print)	V	704	> _		0/10	7 177	
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI									_
	31. DATE FILED (100T) DAY, 1847) '91		widow-Rand	Line							
			- 1	(0)						DHMH-16 Rev	1/6

1 - FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

4. SOCIAL SECURITY NUMBER 577-10-6456

Margaret Elizabeth Thomas

5. SEX

1 🗌 M 2 📉 F

	Se. FACILITY NAME (If not institu			9b. CITY, TOWN	OR LOCATION OF DEATH		9c. COUNTY	OF DEATH	
DIRECTOR	8312 Schult			Cli	nton		Prince	e George's	
5	RESIDENCE OF DECED	DENT Ib, COUNTY	10c CI	TY, TOWN OR LOCA	ATION			10d. INSIDE CITY	
IAL DIRE								LIMITS?	
	Maryland 100. STREET AND NUMBER	Prince George's	LCL	nton	Of, ZIP CODE		10a. CITIZEN	OF WHAT COUNTRY?	
A A	8312 Schult	z Road			20735			J.S.A.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVE	R IN U.S. ARMED	13. WAS DE	ECENDENT OF HISPANIC OF	RIGIN? (Specify Yea			n.
B	1 Never Married 2 Mai 3 Wildowed 4 Divorced	rried FORCES? 1 YE	S 2 (140	If yes, s	specify Cuban, Mexican, Pur S 2 NO Specify:		_	RACE — American India Black, Whita, atc. Specify: SUCASIAN	
ONCE. COMPLETED		ENT'S EDUCATION ghest grade completed)		S USUAL OCCUPAT		16b. KIND OF BUS	INESS/INDUS	TRY	
	Elementary/Secondary (0-12)		ille. Do NOT u						
AP	5th	N/A	Domesti	c Labor	er	Priva	te Hon	nes	
COM	17. FATHER'S NAME (First, Middle				16. MOTHER'S NAME (F	irst, Middle, Malden	Surname)		
	91	Kaizer				nnie Lar			
TO BE	19a. INFORMANT'S NAME (Type)	/Print)	19b. MAILIN	O ADDRESS (Street	and Number or Rural Route	Number, City or Town	, State, Zip Co	de)	
-	Margaret F			as 10					
	20e, METHOD OF DISPOSITION 1 Surial 2 Cremation	3 Removal from State	20b. PLACE AND DAT		N (Name			or Town, State	
	4 Donation 5 Other (Sp		Ft. Linco	In Come	AND ADDRESS OF FACILITY			d Maryland	
1	21. SIGNATURE OF FUNERAL S	ERVICE LICENSEE	-				e Fune	ral Home,	Inc.
	Sham	non W. Ka	MILLOS	/ 6633	Old Alexadi	ner Ferr	y Rd C	linton, Mo	1 207
		ases, or compilcations that caus		ot enter the m	node of dying, such as	cardiac or reapl	ratory arrest		
	snock, or near IMMEDIATE CAUSE (Final	rt feliure. List only one cause or	n each iina.)				Interval B	
	disease or condition		BROVAS	CULA	R ACC	DENT			
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE	OF):					
			3RO VAS	CULMY	DISE	EASE			
CERTIFICATION	Sequentially list condition if any, leading to immedia		S A CONSEQUENCE	OF):					
CATION	ceuse. Enter UNDERLYING CAUSE (Disease or Injury								
E	thet initisted events	DUE TO (OR A	S A CONSEQUENCE	OF):					
ERTIFIC	resulting in death) LAST	d							
	PART II. Other aignificant	conditions contributing to deat	h but not resulting	in the underly	ing cause given in Part	I. 24s. WAS AN	AUTOPSY	24b. WERE AUTOPSY F	INDINGS
EDICAL		RTENSION.	_	_	and out of the state of the sta	PERFOR	MED?	AVAILABLE PRIOR COMPLETION DF	TO
	311101	1011011,	F (3 1)	711 7 1		1 🗌 YES 2	□ NO	OF DEATH?	
Σ								1 YES 2	NO
AN S	25. WAS CASE REFERRED TO M	AFDION:							
PHYSICIAN:	EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (Check o				
Z ×	1 YES 2 NO	1 Inpatient 2 ER/C			ome 5 Residence 8		N H H PV OCCIN	250	
2 -	1 Natural 5 Per	(Month, Day, Yea	200. [1	UNITY Y	WORK?	I. DEȘCRIBE HOW I	NJUNT OCCU	HED	
BY	2 Accident inv	estigation	110V A4 h 4		YES 2 NO	LOCATION (Charles		Short Sente Montes	_
		uid not be building, atc. (3	URY — At home, farm Specify)	, street, ractory, or	201	. LOCATION (Street a City or Town, State)	ing Number or	Plurai Ploute Number,	
			_						
MPLET	CONOCK ONLY	YING PHYSICIAN: To the best of my ki	nowledge, death occu	rred at the time, di	ata and place, and due to the	ne cause(s) and mar	ner as stated.		
COM	one) 2MEDICA	EXAMINER: On the besis of axamin	ation and/or investigat	tion, in my opinion	, deeth occured at the time	, data and place, an	d due to the d	cause(s) and manner sa s	stated.
E C	29b. SIGNATURE AND TITLE OF	FCERTIFIER			29c. LICENSE NUMBER		29d. DATE S	IGNED (Month, Day, Year)	
<u> </u>	1	tholm			b 1307	2_	> (0/12/9/	
≥ P	30. NAME AND ADDRESS OF P	ERSON WHO COMPLETED CAUSE OF	DEATH (ITEM 27) (Tyr	oe. Print)				, ,	
					26 Woodyard				

32. REGISTRAR'S SIGNATURE
Julia Davidson-Randalle

Gurbux Nachnani MD

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

DAYS

8. AGE (In yrs. lest birthday)

MONT	6/12/9	ĭ	YEAR		8:12 AMm	
7. DATE (Mont) 02	OF BIRTH h, Day, Year) 05)5	Countr	W) .	ce (State or Foreign ngton, D.(
ATH			NTY OF D			
		Prin	ice (ec	rge's	
				100	I. INSIDE CITY LIMITS? YES 2 XYO	
		10g. CITI			COUNTRY?	
IC ORIOIP	17 (Specify Yea	or No.—	U.S			
, Puerto	Rican, atc.)				American Indian, hita, atc.	
16b	. KIND OF BUS	INESS/INC	PUSTRY			
	Priva		omes			
	Middle, Malden nie Lar		7			
	ber, City or Town					
DAT	Br	entw			ryland	
HLITY	Le	e Fu	nera	1	Home, Inc.	
adne	r Ferr	y Rd	Cli	nt	on, Md 207	35
	diac or reapi	ratory ar	rest,		Approximate Interval Batween Onset and Desth	
	ASE					
Part I.	24s, WAS AN	AUTOPSY	24	b. WE	RE AUTOPSY FINDINGS	
_	PERFOR			OF	ALABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO	
eck only o	ne)					
	er (Specify)					
8 🗆 Oth	er (Specify)	NJURY OC	CURED	_		
8 🗆 Oth 28d, DE	SCRIBE HOW			Pour	a Mirmhar	
8 Oth		and Numbe		Plout	e Number,	
8 Other	CATION (Street or Town, State)	and Numbe	or or Rural			
8 Othorse 28d. DE 28f. LOC City to the castime, dat	CATION (Street or Town, State)	and Numbe	er or Flural	(a) ar	id manner se stated.	
8 Other	CATION (Street or Town, State)	and Numbe	er or Flural	(a) ar		

FOR STATE REGISTRAR

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	ARTIE 4. SOCIAL SECURITY NUMBER 220-14-8152 5. SEX 1 □ M	/\ /3	yrs. Wonths DAYS	IF UNDER 24 HRS. 7. II		1912 N.	Carolina			
стов	9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 5328 Dogwood Road, Woodlawn Baltimore RESIDENCE OF DECEMENT									
DIRECT	10a. STATE 10b. COUNTY Maryland Baltime		Woodlaw				10d. INSIDE CITY LIMITS? 1 YES 2 NO			
FUNERAL	100. STREET AND NUMBER 5328 Dogwood Road 101. ZIP CODE 21207 109. CITIZEN OF WHAT COUNTRY? U.S.A.									
BY FUN	1 Never Married 2 Married FOR	DECEDENT EVER IN U.S. TRIME CES? 1 YES 2 NO ES, GIVE WAR OR DATES	If yes, sp	CENDENT OF HISPANIC O secify Cuben, Mexican, Pu 2 NO Specify:		No— 14. RACE Black Speci	- American Indien, White, etc. by: White			
PLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed Elementary/Secondary (0-12) College	(Give i	DENT'S USUAL OCCUPATION work done during motor was retired.) Ing Machine	ost of working	C.R. I	Daniels				
E COMPL	17. FATHER'S NAME (First, Middle, Last) Sid Churc	h		18. MOTHER'S NAME (I		mame)				
TO B	19a. INFORMANT'S NAME (Type/Print)	19b. N	MAILING ADDRESS (Street	and Number or Rural Route	Number, City or Town, S	State, Zip Code)				
De 10	Nancy Hutsler		28 Dogwood				_			
must o	20s. METHOD OF DISPOSITION 1) Buriel 2 Cremation 3 Removal from	State other place				TION — City or To				
	4 ☐ Donation 5 ☐ Other (Specify)	G00d	od Shepherd Cemetery Ellicott City, Md							
охашие	HARRY H. WITZKE FUNERAL HOME 4112 Old Columbia Pike, Ellicott City, Md. 21									
event, the medical	23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, ahock, or hearl fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in desth) Approximate interval Between Onset and Dest Cause or condition and cause or condition resulting in desth)									
shows any injury, or other traumatic events the MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
rs any injury. EDICAL CE	PART II. Other significant conditions contri	buting to desta but not res	sulting in the underlying	ng cause given in Par	1 YES 2	ED?	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
shows a	Cerehourisu	I disea	se				1 TYES 2 THO			
or Item 23 YSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	170	· · · · · · · · · · · · · · · · · · ·	PLACE OF DEATH (Check of	only one)					
YSIC	1 U YES 2 NO 1 I In	patient 2 ER/Outpatient 3		me 5 Residence 8						
28 is marked, or TED BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW INJURY OCCURED							
m 28 is r ETED E	3 Suicide 6 Could not be building, etc. (Specify) 2ee. PLACE OF INJUST — At nome, term, street, sectory, omce building, etc. (Specify)									
2 J	29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To one) 2 MEDICAL EXAMINER: On the	the best of my knowledge, desti basis of examination end/or inv					a) and manner as stated.			
O BE COMP	29b. SIGNATURE AND LITLE OF CENTIFIER	nauro	2 MAURE	29c LICENSE NUMBER	105	29d, DATE BIGNER	1 (mprof.) phy (3 mpro)			
F	30. WINE AND ADDRESS OF PERSON WHO COMP	LETED CAUSE OF DEATH (ITEM	D ELLI	COTT LIV	ymo ·	2104	3			
	31. DATE FILED (Month, Day, Year)	REGISTRAR'S SIGNATURE			/					

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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North Company of the

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BALTIMORE, MARYLAND	on serverses a serverses The law securions that the death needliferals he executed within
BALT	Monte after death
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13146,	monthly within
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P.O.	danth nart
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	. cominos that the
VITAL	AARL The le
OF	DI GIVE TO
DIVISION	Octobra do

21203-3146

	FOR STATE OF MARYLAND 1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Leat)		MENT OF H		MENTAL 2. DATE O	REG. NO.	91	,	8217		
,	MARJORIE C. THOMAS				MONTH	D/			9:00 P.		
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. i	last hirthrian)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	-16-1		HRTHPLAC	E (State or Foreign		
	217-10-1464 1□ M ZXXF 71	YRS.	MONTHS DAYS	HOURS MIN.	(Month, 07-	Day, Year) 28-19	19	MD			
TOR	9e. FACILITY NAME (If not institution, give street and number) 220 SOMERVILLE AVENUE APT. 712 RESIDENCE OF DECEDENT		CUMBE!	RLAND	ATH		9c. COUNTY ALL	EGAN	Z		
DIRECTOR	10a. STATE 10b. COUNTY	-	, TOWN OR LOCAT	ION				1	INSIDE CITY LIMITS? YES 2 NO		
	MD Allegany 10e. STREET AND NUMBER	1 Cum	berland	ZIP CODE			10a, CITIZEN				
RA	220 Somerville Avenue, Apt. 71	2		21502			USA				
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced 1 Divorced 1 Never Married 2 Merried 3 Wildowed 4 Divorced	ARMED	13. WAS DEC	ENDENT OF HISPAN ecity Cuban, Mexica 2 NO Specify	n, Puerto Ri		or No- 14.	Black, Wh Specify:			
	AA I	DECEDENT'S	USUAL OCCUPATION	n n	16h /	(IND OF BU	I SINESS/INDUST	whi	te		
COMPLETED	(Specify only highest grade completed)	(Give kind of w life. Do NOT us	rork done during me	st of working	100.		nese Co				
	17. FATHER'S NAME (First, Middle, Leel) William F. Davis	TOZRIC	r campio	16. MOTHER'S NA		ddle, Maiden	Surneme)				
TO BE	19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)										
	Mrs. Patricia Emerick Route 4 Box 395—Messick Rd. Cumberland, MD 21502 200. METHOD OF DISPOSITION (Name of commetery, crematory or 200. LOCATION — City or Town, State										
	XXBurlei 2 Cremetton 3 Removal from State 4 Donation 6 Other (Specify) Zion Memorial Park 6-19 Cumberland, MD										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE		22. NAME A	ND ADDRESS OF FA	CILITY						
	· Your 7 yearpell	•		pelli Fu perland,			9				
	23. PART/I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, ahock, or heart failure. List only one cause on each lins. IMMEDIATE CAUSE (Final										
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a										
z											
ATIO	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING										
CERTIFICATION	CAUSE (Disease or injury that initiated events resulting in desth) LAST	SEQUENCE OF	F):								
CE	d										
PHYSICIAN: MEDICAL	PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY PREPORMED? 1 YES 2 PNO 24b. WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION DE CAUSE OF DEATH? 1 YES 2 NO										
N.											
ICI/	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Input Inp	2 🗆 004	OTHER:	ne 8 Realdence							
	27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year)			INJURY OCCUR	ED						
TED BY	2 Accident Investigation							ON (Street and Number or Rural Route Number, own, State)			
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, one) 2 MEDICAL EXAMINER On the best of examination end.							ause(s) en	d manner ee stated.		
BE	296. SIGNATURE AND TITLE OF CENTIFUM 296. LICENSE NUMBER 296. DATE SIGNED (Morth, Day, Year) 6-17-91										
5	30, NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (TEM 27) (Type	Print)								

DR. URIEL VELANDIA, DPTY. MED. EX., 924 SETON DR., CUMBERLAND, MD 21502

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	W.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	nte
TO THE FUNERAL DIRECTOR, After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be found that the State Devi. or Health and Mental Horiene prior to bunial. cremation, or removal.	2, 3 show
IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	, 200
	- 27

	REGISTRAR		CERTIFIC	ATE OI	DEATH	RE	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Lest) MATTHEW A	lexander	UDELL			2. DATE OF DE MONTH JUNE	06, 19	91	TIME OF DEATH A M	
	4. SOCIAL SECURITY NUMBER 5. S	EX 6. AG		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BI (Month, Day, NOV.	RTH	8. BIRTHPL Country	ACE (State or Foreign	
OR	99. FACILITY NAME (If not institution, give street a Kimbrough Medica							COUNTY OF DEATH Anne Arundel		
FUNERAL DIRECTOR	100. STATE Maryland Maryland	Arundel	10c. CITY, T	Mead	ATION E				Od. INSIDE CITY LIMITS? YES 2 NO	
ERAL	1607 C. Forrest A	Avenue		1	or. ZIP CODE 20755-58	300	10g. CI	U.S		
BY	Never Married 2 Married	WAS DECEDENT EVER FORCES? 1 [] YE IF YES, GIVE WAR OR	S 2 \NO	If yes,	ECENDENT OF HISPAN apecify Cuban, Mexica ES 2 X NO Specify	n, Puerto Ricen,		14. RACE - Black, 1 Specify: Cauca		
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) N/A Col	N leted) Hege (1-4 or 5+) N/A	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	UAL OCCUPA: done during i tired.)	FION nost of working	16b. KINE	OF BUSINESS/III	NDUSTRY		
	17. FATHER'S NAME (First, Middle, Last) Alden Matthew Uc				16. MOTHER'S NA		Maiden Surname) Stevens			
TO BE	190. INFORMANT'S NAME (Type/Print) Alden M. Udell				t and Number or Rural a	Route Number, Cl	ty or Town, State, 2	Zip Code)		
	20a_METHOD OF DISPOSITION 1	from State	Maple Gro		cemetery, crematory or		20c. LOCATION - Andove:		o, State Ohio	
	21. SIGNATURE OF FUMERAL SERVICE INCENSE	As of some	/_		old Alexa	L			me, Inc on, Md 2073	
CERTIFICATION	ahock, or heert feilure. List if IMMEDIATE CAUSE (Final disease or condition reaulting in deeth) Sequentielly list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that inflated events resulting in death) LAST	PRODUE TO (OR AS	BABLE RES BABLE OBS BABLE OBS S A CONSEQUENCE OF): S A CONSEQUENCE OF):	SPIRA STRUC	TORY ARE	REST			Interval Between Onset and Death	
EDICAL	PART II. Other significant conditions co	ntributing to death	but not resulting in	the underly	ing cause given in		WAS AN AUTOPS PERFORMED? YES 2 NO	6	VERE AUTOPSY FINDINGS WAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? YES 2 00 NO	
PHYSICIAN: M	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 N DOA 4 Nursing Home 5 Residence 6 Other (Specify)									
ВУ РНУ	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a, DATE OF INJUR (Month, Day, Yea	Y 28b. TIME C	OF 28c.	NJURY AT WORK? YES 2 NO		E HOW INJURY O	OCCURED		
	3 Suicide 28e. PLACE OF INJURY — At home, farm, street, factory, office 28f. LOC							OCATION (Street and Number or Rural Route Number, ity or Yown, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and dua to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
IO BE	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER D38833 29d. DATE SIGNED (Month, Day, Your) C/6/9/ 1/53								11 (2)	
_	30. NAME AND ADDRESS OF PERSON WHO CO LEA LAZAR, M.D). K	IMBROUGH		HOSP, F	T. ME	ADE, M	D 207	55-5800	
	31. DATE FILED (Month, Dey, Year) JUN 1 3 '91	32. REGISTRAR'S SI	Davidson-Rand	مالا						

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINERAL DHECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR															
1. DECEDENT'S NAME (F			1						2. DATE	OF DEATH	AY_/	YEAR	3. TIME	OF DEATH	
Lewis N. White 4. SOCIAL SECURITY NUMBER 6. SEX 6. AGE (In yrs. last birthday) & UNDER 1 YEAR & UNDER 24 Hrs. 7. DATE OF SIRTH									8/	9/	10	INA			
4. SOCIAL SECURITY NUMBER 222-26-2475 1 □ □ □ □ F			6. AGE (In yrs. lest birthday)		IF UNDER	DAYS	IF UNDER	24 HPIS.	7. DATE (2 44	1	8. BIRTH Country W 1 I N		IPLACE (State or Foreign	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlai, cremation, or removal.	IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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PERSON

31. DATE FILED (MONTH, Day, Year)

JUN 26 '91

	FOR 1 - STATE REGISTRAR	STATE OF M			RTMENT OF H			AL HYGIEN	e 9		18220
	1. DECEDENT'S NAME (First, Middle, Lest)	Wood	n		IOAIL OI	DEATH	2. DA	TE OF DEATH	. 0	EAR 3.	TIME OF DEATH 3100 P M
	4. SOCIAL SECURITY NUMBER 173-34-2967		6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 H	IIN. (Mc	TE OF BIRTH brith, Day, Year) -21-194	8.	Country)	ACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give a Harbor Hospital RESIDENCE OF DECEDENT				96. CITY, TOWN O			-21-13-	9c. COUNTY		_
REC	10e. STATE 10b. COUNTY	Υ		10c. CIT	Y, TOWN OR LOCAT					10	d. INSIDE CITY LIMITS?
L D	Maryland A	nne Arund	le1		100	Pasa . zip code	adena		10a CITIZE		☐ YES 2√ NO
ERA	2301	229th St	reet		101	. ZIF CODE	21122		-	S. A	
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 (IF YES, GIVE WA NAVV	XYES 2 N		If yes, spi	ENDENT OF H scify Cuben, N 2 🔀 NO	lexican, Puer	GIN? (Specify Yes to Rican, etc.)	or No 14	Black, V Specify:	American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION	(GI life.	ive kind of Do NOT u	S USUAL OCCUPATION work done during more retired.)	st of working		16b. KIND OF BUS			
BE COMP	12 Chief Senior Machinest Mate U. S. Government 17. FATHER'S NAME (First, Middle, Last) Donald Wood Chief Senior Machinest Mate U. S. Government 18. MOTHER'S NAME (First, Middle, Melden Surname) Nora VanDusen										
TO B	19e. INFORMANT'S NAME (Type/Print) Mrs. Donna Wood 19b. Mailing Address (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2301 229th Street Pasadena, Maryland 21122										
	206. METHOD OF DISPOSITION 132 Burlel 2 Cremetion 3 Removal from State 4 Donestion 8 Other (Specify) 21. Signature of Funeral service Licensee 226. PLACE AND DATE of DISPOSITION (Name of cemetary, crematory or other place) Round Hill Cemetery 227. NAME AND ADDRESS OF FACILITY										
	21. SIGNATURE OF FUNERAL SERVICE LIN	argullo									1 Service yland21155
	23. PART I. Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, such se cardiac or reapiratory arrest, shock, or heart fellure. List only one ceuse on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Meta Static Rectal Caccion on the constant of t									Approximate interval Between Onset and Death	
TION	DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leeding to immediata DUE TO (OR AS A CONSEQUENCE OF):										
ERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): (Example 1								pa		
MEDICAL C	PART II. Other algnificent conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 24b. WERE AUTOPSY FINDINGS AMALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:										
	1 YES 2 NO 1 inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Morth, Day, Year) 1 Natural 5 Pending Pending Pending Natural Natural Pending Pending Natural							INJURY OCCU	RED		
TED BY	Accident Investigation 3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, street, f building, etc. (Specify)										rte Number,
COMPLETE	29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE										nd manner ee stated.
TO BE C	2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CENTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Pay, Year)										
F	30. NAME AND ADDRESS OF PERSON WI	10 COMPLETED CAUS	E OF DEATH (ITE	M 27) (Typ	e Print)						

MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

LCQ, 11.D. 3001 S. HANOVERST. Baltmore M. 2123

32. REGISTRAR'S SIGNATURE

Suha Davidson-Rendere

Α.

DE AS INC

	1 - STATE REGISTRAR	CERTIF	ICATE OF DEATH	REG. NO.					
	1. OECEDENT'S NAME (First, Middle, Last)	JOSEPH LYLE WILLI	AMS	2. DATE OF DEATH DAY	YEAR J. TIME OF DEATH				
1	4. SOCIAL SECUPITY MUMBER 579-01-1952	S. SEX. 6. AGE (In yrs. lest birthday) 1 X M 2 F	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Manth, Day Mar) 0.8 – 1.6 – 1.8 0.0	a. BIRTHPLACE (State or Foreign Country)				
CTOR	Sa. FACILITY NAME (If not institution, give stre Leland Re		and number) 96. CITY, TOMPHOR LOCATION OF DEATH 96. COUNTY OF DEATH						
DIRECT	10a. STATE 10b. COUNTY Maryland Prince		TY, TOWN OR LOCATION . Hyattsville		10d. INSIDE CITY LIMITS? 1 🖾 YES 2 🗌 ND				
FUNERAL	100. STREET AND NUMBER 2318 Woodberry Str	reet	101. ZIP CODE 20'782	- 1	zen of what country?				
B	11. MARITAL STATUS 1 Never Married Merried 3 Widowed 4 Divorced	12, MAS DECEDENT EVER IN U.S. ARMED SONCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 YES 2 NO Specify		14. RACE — American Indian, Black, White, etc. Specify: White				
APLETED	15. DECEDENT'S EDUC/ (Specify only highest grade of Elementary/Secondary (0-12) 12th	College (1-4 or 5+) (Give kind of life. Do NOT	s usual occupation work done during most of working use retired.) use Foreman	Department					
at once.	17. FATHER'S NAME (First, Middle, Last) Joseph Roscio			ME (First, Middle, Maiden Surname) Destefene					
TO BE	19e. INFORMANT'S NAME (Type/Print)	The state of the s	G ADDRESS (Street and Number or Rural						
must be n	Robert W. Campbell	20b. PLACE OF DISPO	Woodberry Street Distrion (Name of commeter), cremetory or	20c. LOCATION —	City or Town, State				
examiner m	2mg dyarune of Funeral Service Les			Silver S S SONS FUNERAL E., HYATTSVILLE					
y, or other traumatic event, the CERTIFICATION	Sequentially list conditions, if any, leading to immediata couse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO OR AS A CONSEQUENCE DUE TO OR AS A CONSEQUENCE DUE TO OR AS A CONSEQUENCE	nia with 1	Respiratory Ronal Fait Jaundice	failise are				
hows any inju		contributing to death but not resulting	In the underlying cause given in tance Staph. Au	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
S F		HOSPITAL:	26. PLACE OF DEATH (Ch OTHER: 4 Nursing Home 5 Residence						
PHY	27. MANNER OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY 28b. TI	ME OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DESCRIBE HOW INJURY OC	CURED				
8 □	2 Accident investigation 3 Suicide 6 Could not be building, etc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State) 28f. LOCATION (Street and Number or Rural Route Nun City or Town, State)								
If Item	and and	IAN: To the best of my knowledge, death occu							
TO BE CO	29b. SIGNATURE AND TITLE OF CENTIFIER	An M	20c. LICENSE NU	MBER 29d. DAT ▶	E SIGNED (Menth, Day, Year)				
-	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH (ITEM 27) (Ty)	Kompwort	4 Am R	verdale M.D.				

BALTIMORE, MARYLAND 21203-3146

31, DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE
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USPIJAL OR ALIENDING PRISIDAN; THE IAM PEQUIES THAT THE USBATH CHINICATE OF CHICAGO WITHIN CATALOG ATTENDED THE MANAGEMENT OF THE MANAGEMENT OF THE CONTROL	UNERAL ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit per infinin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	ANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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FOR 1 _ STATE	STATE OF MARY	/LAND / DEPARTI	MENT OF HEALTH AND	MENTAL HYGIE	NE 9	1 18222			
REGISTRAR		CERTIFIC	ATE OF DEATH	REG. N	10.				
1. OECEDENT'S NAME (First, Middle, Lest)	ie ,	B. W.	hitakev	2. DATE OF DEATH	DAY - 9"	S. TIME OF DEATH			
4. SOCIAL SECURITY NUMBER			F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign Country)			
414-20-5727	1 → M 2 □ F	64 YRS.	ONTHS DATS HOURS MIN.	June 2.19		ennessee			
9e. FACILITY NAME (If not institution, give s			b. CITY, TOWN OR LOCATION OF D	EATN	9c. COUNTY				
AAFB Malcom Grow	Hospital		Camp Springs		Prince	e Georges			
RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		10c, CITY,	TOWN OR LOCATION			10d. INSIDE CITY			
	e Georges	Morn	ingside		1	1 YES 2 NO			
4712 Beaford Road			101. ZIP CODE 20746			S.A.			
11, MARITAL STATUS	12. WAS DECEDENT EVE	D IN H.C. ADMED	13. WAS DECENDENT OF HISPA	NIC ORIGIN? (Specify		RACE — American Indian,			
1 Never Merried 2 Merried 3 Widowed 4 Divorced	FORCES? 1 YI	ES 2 V NO	If yes, specify Cuban, Mexic 1 YES 2 NO Speci	en, Puerto Rican, etc.)	100 01 110—	Black, White, etc. Specify: White			
15. DECEDENT'S EDU (Specify only highest grade		18e. DECEDENT'S US (Give kind of wor	k done during most of working	18b. KINO OF	BUSINESS/INDUS	TRY			
Elementary/Secondary (0-12)	College (1-4 or 5 +)		retired.)	golf c		1			
7. FATHER'S NAME (First, Middle, Last)		painter	16 MOTNED'S N.	SELL E	employed	!			
William B. Whita	cer								
9e. INFORMANT'S NAME (Type/Print)		195 MAILING A	OORESS (Street and Number or Rural	hel Colli		rde)			
Gary Tice		150110	iverdale Rd. #7			117			
ton, METHOD OF DISPOSITION			TON (Name of cemetery, cremetory or		LOCATION — CIN				
Burlel 2 CCremation 3 ☐ Rem Donation 5 ☐ Other (Specify)	oval from State	other place)	tan Crematory 6/4/91 Alexandria, VA.						
EL SIGNATURE OF FUNERAL SERVICE LIK	(SEE	reer oporite	22. NAME AND ADDRESS OF F						
Dyan P	Thuba	4	Robert E. Wil	helm,Inc.	4308 S Suitla	uitland Rd. nd, MD. 20746			
shock, or leart fellure. IMMEDIATE CAUSE (Pinel disease or condition resulting in death) Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING	Astendon de TO JON de		· Vardri VI	scular	disei	Interval Between Onset and Deat			
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR A	AS A CONSEQUENCE OF):							
PART II. Other significent condition	ne contributing to deal	h but not regulting in	the underlying cause given it	Part I 24a WAS	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS			
				FORMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE				
25. WAS CASE REPERRED TO MEDICAL	T		26. PLACE OF DEATN (C	heck only one)					
25. WAS CASE REPERRED TO MEDICAL EXAMINENT 1 Des 2 NO 1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Name 8 Residence 8 Other (Specify)									
27. MANNER OF OEATN 1 Natural 5 Pending	28d. DESCRIBE HO	W INJURY OCCU	REO						
2 Accident Investigation 3 Suicide 8 Could not be determined	28e. PLACE OF INJ building, etc. (URY — At home, ferm, str Specify)	M 1 YES 2 NO	281. LOCATION (Str. City or Town, St		Rural Route Number,			
CONTROL OTHY			at the time, date and place, and du						
296. SIGNATURE AND TITLE OF CERTURE	Kongu	XMD	29c, LICENSE NI	JMBER 230	29d. DATE 5	SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON AND MINUSELLS P. R.	O COMPLETED CAUSE OF	TOEATH (ITEM 27) (Type, I	5009 Ray D	umch	Cp Sp	n. Mb2074			

F

	1 - STATE REGISTRAR	IAIL OF MAIL	CERTIF	ICATE OF	DEATH	REG. NO).	
	1. DECEDENT'S NAME (FT Middle, Last)					2. DATE OF DEATH	AY YE	3. TIME OF DEATH
	JOSEPH WANCOW	CZ				66 12	91	4:36 A"
	4. SOCIAL SECURITY NUMBER 5. S	EX 8. AGE	(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Mogth, Day, Year)		MRTHPLACE (State or Foreign
- 1	215-01-0788	M 2 🗆 F	YAS.	MONTHS DAYS	HOURS MIN.	7-8-19	710	MD.
	9e. FACILITY NAME (If not institution, give street a	nd number)			R LOCATION OF DE	ATH	9c. COUNTY	OF DEATH
8	CHURCH HOSPITA	$^{\prime}$ L		BALT	IMORE			
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		the CIT	Y, TOWN OR LOCAT	TON			10d. INSIDE CITY
			B	1-1-				LIMITS?
	MD 100. STREET AND NUMBER		10	11-11-	ZIP CODE		10a, CITIZEN	OF WHAT COUNTRY?
RA	3003 HUDSO	13 57			21720	1	()	S.A.
FUNERAL		WAS DECEDENT EYER		13. WAS DEC	ENDENT OF HISPAN	IIC ORIGIN? (Specify Ye	s or No.— 14.	RACE — American Indian,
	1 Never Married 2 Merried	FORCES? 1 YES	2 NO	If yes, sp	2 NO Specify	n, Puerto Rican, etc.)		Black, White, atc.
à	3 Widowed 4 Divorced	ww					1	WHITE
	15. DECEDENT'S EDUCATIO (Specify only highest grade com	IN Metecl)	(Give kind of	Work done during mo	ON ast of working	16b. KIND OF BU	JSINESS/INDUST	RY
	Elementary/Secondary (0-12)	dlege (1-4 or 5+)	iffu. Do NOT u	se retired.)		P-T	· ach	
COMPL	8		6-0	AND		1/2/	KED	
	17. FATHER'S NAME (First, Middle, Last)	11 20000	WICZ		18. MOTHER'S NA	ME (First, Middle, Maide	TAK	
H	19e. INFORMANT'S NAME (Type/Print)	COMPOCE			and Number or Purel	Poute Number, City or To	wn, State, Zip Coo	0 17911
입	LAUDO (1) AN	CALLICT	200	2 41)) CAL)	ST. P	AITO	" MD. 2/224
	20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Removal	2	Ob. PLACE OF DISPO	SITION (Name of ce	metery, cremetory or	20c. L	OCATION — City	or Town, State
	1 Surial 2 Cremation 3 Removal 4 Donation 5 Other (Specify)	from State	other place)	TANIS	LAUS	CEM. Z	BALTO	. Co. MD.
	21. SIGNATURE OF FUNCTIAL SERVICE LICENS	E 11	1 1	22. NAME A	ND ADDRESS OF FA	CILITY		
	I Llown I	Alexander	le V	CK	20 DA 1	EH 28	29 41	ID CAN ST.
	23. PART I. Enter the diseases, or com	olications that caus	ed the death. Do	not enter the mo	de of dying, suc	h aa cerdlec or res	piratory erreat	Approximate
	shock, or heart failure. List	only one cause on	each line.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	Renair	Ta faces	Filly	2			
	resulting in death) a	DUE TO UOR AS	A CONSEQUENCE O	OFI:	1.0	``		
z	C &	Carci	nomara	se al	the	Lyns		
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	OF):	·			
<u>ა</u>	cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (00 A)	A CONSEQUENCE O	ND.				
	that initiated events resulting in death) LAST	DOE TO (OH AS	A CONSECUENCE C	λr):				j
岗	d							
	PART II. Other algnificant conditions of	ontributing to death	but not resulting	In the underlying	g cause given in	Part I. 24a. WAS A	IN AUTOPSY	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
DICAL	Gangvene	of the	e &	out		1 _ YES	2 /NO	COMPLETION OF CAUSE OF DEATH?
	0	7		7				1 TES 2 NO
ÿ								
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		OTHER:	LACE OF DEATH (C/	heck only one)		
YSI	1 VES 2 100 11	Propostlent 2 - ER/O		4 - Nursing Ho		6 Other (Specify)		
H	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJUR (Month, Day, Year	Y 266. TI	LJURY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCUR	(20
BY	2 Accident Investigation	28e. PLACE OF INJU	GV — At home form		YES 2 NO	261, LOCATION (Street	of and Number or	Bural Souta Number
ED	3 Suicide 6 Could not be determined	building, etc. (S	pecify)	, ecreec, rectory, one		City or Town, Sta	te)	SUM FILLOW PROPRIETORS
COMPLETED	290. CERTIFIER							
MPI	(Check only							ause(e) and manner as stated.
Ö		II the basic of examina	tion andor investigat	ion, in my opinion,				
BE	296 SIGNATURE AND TITLE OF CERTIFIER	11 0			29c. LICENSE NU		29d. DATE S	IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO C	OMPLETED CAUSE OF	DEATH (ITEM 27) (5-	ne Print)	1)5	9643	6	11491
		1		4 JM ax	A	Cla	Russin	ie 2106,
	31. DATE FILED (Mopth, Pay, Year)	REGISTRAR'S SI	GNATURE	-1 JAN OLG	inc	a le	NYPHU	u dive
	MAN I U	H. W.	50					

JA

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\infty\$_{\infty}\$ wours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

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TO THE HOSPITAL OR AFFENDING PHYSICIAN: The law requires that the death certificate de executed within a certificate of they	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, pa		MADOUTANT: It form 29 to marked or from 23 shows any injury or other traumatic event the medical examiner much
diler o	by the	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	dezi e
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	FOR 1 - STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTM			IENTAL HYGIEN REG. NO.	E *	110224		
		Robert Critte				2. DATE OF DEATH OF	97	3. TIME OF OEATH		
	The state of the s	SEX 6. AGE (In yrs.	VRS. WON	THE DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country)		
<u>«</u>	9e. FACILITY NAME (If not institution, give street	and number) 200 LAUTEL PK T		Laurel	OR LOCATION OF OE		9c. COUNTY	of OEATH e George		
O	RESIDENCE OF DECEDENT 100. STATE 100. COUNTY	ADD LHOTEL PK		WN OR LOCAT			FIIIIC			
DIRECTOR	Haryland Prince	George	Lau	_	IION			10d. INSIDE CITY LIMITS? 1 \$\sqrt{1}\$YES 2 \sqrt{1}\$ NO		
	10e. STREET AND NUMBER		1 Luc		. ZIP COOE			OF WHAT COUNTRY?		
FUNERAL	14800 4th Street Ap	t. 240 . WAS DECEDENT EVER IN U.S.	APMED	12 WMS OFC	20707	IC ORIGIN? (Specify Yea	USA	RACE — American Indien,		
	1 Never Married X Married	FORCES? 1 YES 2)	(10	If yes, so	ecify Cuban, Mexican 2 (1) NO Specify:	, Puerto Rican, etc.)	14.	Black, White, atc. Specify:		
D BY	3 Wildowed 4 Olvorced 15. DECEDENT'S EDUCATION	ON 160	DECEOENT'S USU			16b. KIND OF BUS	INESS (INDI IS	White		
once. COMPLETED	(Specify only highest grade corr	opleted)	(Give kind of work of the Do NOT use retained to the control of th	done during mo		IOU. KIND OF BUS	INESS/INDUS			
å <u>₹</u>	12	0 Ho	omemaker			Home				
E S	17. FATHER'S NAME (First, Middle, Leat) Robert Crittenden					AE (First, Middle, Maiden	Sumame)			
TO BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Floute Number, City or Town, State, Zip Code)									
5 F	Marshall Wrenn					240 Laur				
must	20a, METHOD OF DISPOSITION Burlel 2 Cremation 3 Removal Donation 5 Other (Specify)	from State 0//16	ce of oisposition place)		motory, cromatory or Morial Ga			or Town, State		
niner	21. SIGNATURE OF FUNERAL SERVICE LICENI	7/			Funeral	Home, Inc				
exa	Claredy	baflef		7601	Sandy Spi	ring Rd L	aurel,			
or other traumatic event, the medical examiner must be notified at once. ERTIFICATION TO BE COM	23. PART/. Enter the diseases, or complications the caused the deeth. Do not enter the mode of dying, such ac cardiac or reepiratory arrest, abook, or heart fellow. List dry one time or each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due TO (OR AS A CONSEQUENCE OF):									
traumatic e	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING									
ry, or other traumatic	CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CON	ISEOUENCE OF):							
amy inju	PART II. Other algorificent conditions of	contributing to death but no avanular c			g ceuse given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
			-			_				
Item 2		OSPITAL:	07	26. P	LACE OF DEATH (Chi	ock only one)				
5 >	1 YES 2 NO 1 27. MANNER OF DEATH	□ Inpatient 2 □ ER/Outpatien 28e. DATE OF INJURY	26b, TIME OF	F 28c. IN.	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	NJURY OCCUP	RED .		
marked, BY PH	1 Natural 6 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY		YES 2 NO					
28 is	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28e. PLACE OF INJURY — At home, farm, street, factory, office City or Town, State)									
It Item 2	ame)	N: To the best of my knowledge								
ANT: I		On the basis of examination end	d/or investigation, in	n my opinion,						
MPORTANT: IL	296. SIGNATURE AND TITLE OF CERTIFIER	Revano			29c. LICENSE NUN		29d. DATE S	IGNED (Month, Day, Year)		
= β	30. NAME AND ADDRESS OF PERSON WHO C		(ITEM 27) (Type, Prin	nt)		-				

CHENRY

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32. REGISTRAR'S SIGNATURE

CAUREL, MD 20707

aller or the

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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND		NT OF HEALTH A		L HYGIENE REG. NO.	9	1822		
	1. OECEOENT'S NAME (First, Middle, Last) A NNABELLE	L. WILES	L. WII	ES	2. OATE	of OEATH DAY	7 /	3. TIME OF OEATH		
	4. SOCIAL SECURITY NUMBER 215-66-7650	5. SEX 8. AGE (In yrs. 1 M 2 F 66	YRS. MONTH		Jan	of BIRTH	Ma	THPLACE (State or Foreign intry) ryland		
TOR	9a. FACILITY NAME (If not institution, give str SHADY GROUE RESIDENCE/OF DECEDENT	ADURUTIST HO	SPITAL 96.0	Rockville	OF DEATH		ontg	omery		
DIRECTOR	10a. STATE 10b. COUNTY	rederick		n or Location to lesville				10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	100. STREET AND NUMBER 20301 Whites Fe	erry Road	Ti	101. ZIP COOE 2083	7	10g. C		F WHAT COUNTRY?		
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS OECEOENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	ARMED NO	13. WAS DECENDENT OF I If yes, specify Cuban, I 1 YES 2 NO	laxican, Puerto		BI	ACE — American Indian, ack, Whita, atc.		
PLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		DECEDENT'S USUAL (Give kind of work do life. Do NOT use retire Homemal	ne during most of working d.)	16	b. KINO OF BUSINESS/I	NDUSTRY			
E COMPL	17. FATHER'S NAME (First, Middle, Last) John O: Le	nhart		18. MOTHER	S NAME (First,	Middle, Maiden Surname	ole	Lenhart		
TO BE	19a. INFORMANT'S NAME (Type/Print) Mr. Thomas M. Wile			ess (Street and Number or nites Ferry	Rural Route Nun	nber, City or Town, State,	Zip Code)			
	20a, METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Remo 4 Donation 5 Other (Specify)	val from State other	r place)	(Name of cametery, cramato		20c LOCATION Frederi		Town, State Maryland		
	21. SIGNATURE OF FUNERAL SERVICE LICE		00703	22. NAME AND ADDRESS Keeney & B	asford			Home , Md. 2170		
CERTIFICATION	disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):									
MEDICAL CE	PART ii. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS PERF							24b. WERE AUTOPSY FINDII MARLABLE PRIOR TO COMPLETION OF CAUS OF DEATH?		
		/		-				1 _ YES 2 _ NO		
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL. EXAMINER? 1 YES 2 NO	HOSPITAL:		26. PLACE OF OEA HER: Nursing Home 5 \(\superscript{\text{Residentification}}\)						
	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK?	28d. DE	ESCRIBE HOW INJURY	OCCURED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not be defermined	26a. PLACE OF INJURY — At building, etc. (Specify)	t home, farm, street,	factory, office	281. LO C/t	CATION (Street and Num y or Town, State)	ber or Flui	ral Route Number,		
COMPLET	One)	CIAN: To the best of my knowledge R: On the basis of examination and						se(a) and manner as state		
TO BE CON	29b. SIGNATURE AND TITLE OF CERTIFIER	HIMM)	73	B.4	07	ATE SIGN	22/9/		
F	JOSEPH HAGGLETY	COMPLETED CAUSE OF DEATH	PHYSIC (A)	NS LANG \$	212	ROCKVILL	4 1	12085		
	31. DATE FILED (Month, Day, 1997)							- 0		

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ent ly street

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FLINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CERTIFIC	CATE OF	DEATH	RE	EG. NO.		
1. DECEOENT'S NAME (First, Middle, Last		ISON			2. DATE OF D	DAY	YEAR 9	3. TIME OF DEATH
SOCIAL SECURITY NUMBER		(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF B	O 5		IPLACE (State or Foreign
149-24-857	6 1 □ M 2 💢 F	5 4 YRS.	ONTHS DAYS	HOURS MIN.	08-0	18-31		CONN.
A. FACILITY NAME (If not institution, give HARBOR CITY	EOSPITAL	9	BALTI	OR LOCATION OF D	D.	9c. CO	UNTY OF D	DEATH
ESIDENCE OF DECEDENT		10c CITY	TOWN OR LOCA					10d. INSIDE CITY
MD ANN	ANRUNDEL		ERNA :	MD.				1 YES 2 XXVO
8537 PIONEER	DRIVE		1	21140		10g. Ci	U.S.	A.
MARITAL STATUS Never Merried 2 Merried Widowed 4 M Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2 NO	If yes, a	CENDENT OF HISP/ pecify Cuben, Mexic S 2 NO Spec	can, Puerto Ricen		14. RAC Blac Spec	E — American Indien, ik, White, atc.
15. DECEDENT'S ED (Specify only highest grad		16a. DECEOENT'S US (Give kind of wor	rk done during n		16b. KINI	OF BUSINESS/II	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	HOUSEKE		4	FOR	T MEAD	E	
FATHER'S NAME (First, Middle, Last)		- 1				, Maiden Surname)		
AMOS DUKES a. INFORMANT'S NAME (Type/Print)			DDDCCC (Street	EUL and Number or Rura			71- 0-1-1	
CHERYL ATKINS	ON			AVE. /				
Da. METHOD OF DISPOSITION		0b. PLACE AND OATE C			OATE	20c. LOCATION -		
☐ Donation 5 ☐ Other (Specify) SIGNATURE OF FUNERAL SERVICE I		BEAVOR		ETERY		NEW H	AVEN	, CONN.
equentieity list conditions, any, leading to Immediate susse. Entar UNDERLYING AUSE (Disease or injury lat initiated events aulting in death) LAST	cDUE TO (OR AS	RATIC A CONSEQUENCE OF): A CONSEQUENCE OF):	BRE	AST	CANC	WAS AN AUTOPS PERFORMED? YES 2 2 NO	Y 24	interval Betwee Onset and De b. WERE AUTOPSY FINDER AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
			7	-		ERPOZ ME		1 TES 2 NO
. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Check only one)			
1 YES 2 NO MANNER OF DEATH 1 Natural 5 Pending	1 12 Inpetient 2 ER/OL 28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	OF 28c. II	Me 6 Residence NJURY AT /ORK? YES 2 NO		ecify) BE HOW INJURY C	CCUREO	
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide determined	28a, PLACE OF INJUI	RY — At home, ferm, str	reet, factory, of	ice		N (Street and Numi wn, State)	ber or Rural	Route Number,
one) 2 MEDICAL EXAMI	rSICIAN: To the best of my kno NER: On the basis of examinat	ion and/or investigation,	, in my opinion		he time, date and	place, end due to	the cause	(e) and manner ee stated D (Month, Day, Year)
Chandrakela NAME AND ADDRESS OF PERSON N			Print)				- 11	-5/11.
CHANDRAKALA	RAJA, HA		USPIT	AL CE.	NTER			
.IIII 08 1991	22. REGISTRAR'S SIG	-Randess						

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

hosp	ache	69
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement in the first certificate be executed within 2-mounts after death. Page 6 may be retained by the hosp	TO THE FUNERAL OIRECTOR: After this certificate has been indirectly the end of the completely filled in by the funeral director, page 5 should be detached to bring a page 10 should be detached to bring the companies of the comp	De med wronin 12 nous alter begut with the Sale begut, or them 23 shews any injury, or other traumatic event, the medical examiner must be notified at once.
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R AT	TO THE FUNERAL ORECTOR: After this cardificate has been moned by the amount physician and completely filled in by the first models. The formal physician and completely filled in by the first models and completely filled in by the first models.	E
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	FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPAR CERTIF	TMENT OF H	EALTH AND N	MENTAL HYGIEN REG. NO						
	t. DECEDENT'S NAME (First, Middle, Lest) Marie	e Ann	I	Andrews	į	2. DATE OF DEATH MONTH ULY 2	, 199 Ĭ ^{EAR}	3. TIME OF DEATH 12:10am				
	4. SOCIAL SECURITY NUMBER 217-22-4912	1 □ M 2 \\X F	E (In yrs. last birthday) 68 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-30-1922	Cou	TTHPLACE (State or Foreign Intry) Va				
NO HO	9a. FACILITY NAME (# not institution, give s Maryland General				nore City		9c. COUNTY OF	DEATH				
5	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY											
J. I	Md			Itimore	ion .			10d. INSIDE CITY LIMITS? 1 YES 2 NO				
ار	10e. STREET AND NUMBER				ZIP CODE		10g. CITIZEN O	F WHAT COUNTRY?				
ER/	703 Baker Street				21217 USA							
BY FUNERAL DIRECTOR	t1. MARITAL STATUS 1 Never Married 2 Marriad 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	t3. WAS DEC If yes, spe 1 YES	AS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No— yes, specify Cuban, Maxican, Puarto Rican, atc.) 14. RACE — Ame Black, Whita, YES 2 NO Specify: Specify: Specify:							
COMPLETED	18. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-t2)			USUAL OCCUPATION Work done during modes retired.)		teb. KIND OF BU	SINESS/INDUSTRY	,				
BE COM	17. FATHER'S NAME (First, Middle, Last) Chester Andrews				Hattie							
5	tea. INFORMANT'S NAME (Type/Print)					Route Number, City or You						
	209. METHOD OF DISPOSITION	Hattie Andrews 703 Baker Street Baltimore, Md 21217 200. METHOD OF DISPOSITION 200. PLACE OF DISPOSITION (Name of commotory, crematory or 200. LOCATION — City or Town, State										
	1 Burial 2 Cremation 3 Ram 4 Donation 5 Other Specify)	amoval from Stata other place) King Memorial Park Randallstown, M										
	21. SIGNATURE OF JUNEAU BEHVICE LIC	CENSEE Glin	An/	22. NAME AN March	F/H West Vabash Aver	CILITY						
CERTIFICATION	23. PART I. Enter the dieseese, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Probable DUE TO (OR AL DUE TO (OR AL C.	Sepsis	P):	inte							
	PART ii. Other aignificent condition	na contributing to death	but not recuiting	in the underlyin	g ceuse given in		N AUTOPSY	24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO				
BY PHYSICIAN: MEDICAL						QXYES		COMPLETION OF CAUSE OF DEATH? TXXYES 2 \(\text{NO} \) NO				
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)						
Sic	t VES 2 NO	HOSPITAL:	outpatient 3 🗆 DOA	OTHER: 4 Nursing Hon	e 5 🗆 Realdence	6 Other (Specify)						
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea	n) IN	M t 🗆	URY AT DRK? YES 2 NO	28d. DE\$CRIBE HOW						
	3 Suicide 8 Could not be 4 Homicide determined	building, etc. (S	JRY — At home, farm, specify)	street, factory, offic	•	26f. LOCATION (Street City or Town, State		ral Route Number,				
COMPLETED	one)	ER: On the basis of axemina						se(a) and menner as stated.				
BE	29b, SIGNATURE AND TITLE OF CERTIFIE		29c, LICENSE NU n/a		≥ Z	NED (Mopth, Day, Year)						
2	30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF M.D.			General	. Hospital						
	31. OATE FILEO (Month, Dey, Year) = JUL 08 1991	32. REGISTRAR'S SI										
								DHMH-16 Rev 1/89				



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executed writin 24 hours arter death. Fage 6 may be retained by the hospital or attending physician.	n and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages	to burial, cremation, or removal.	imatic event, the medical examiner must be notified at once.
ALTENDING PHYSICIAN. The pay requires that the death certificate be executed within 24 hours after death. Mag de fetained by the hospital of attending physician	DIRECTOR: After this certificate last been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages	er death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	i 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT	be filed within 72 hours a	IMPORTANT: If Item 2

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,	FOR STATE REGISTRAR	STATE OF I			TMENT ICATE				MENTAL HYGIEI REG. NO				
	1. DECEDENT'S NAME (First, Middle, La	- 1							2. DATE OF DEATN	DAY	YEAR	. TIME OF DEATH	
	meri	TA HIM	ony					67 0		1	5:32 PM		
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest		IF UNDER 1		IF UNDER		7. DATE OF BIRTN (Month, Day, Year) 8. BIRTHI Country			LACE (State or Foreign	
- 4	219-10-5553A	1 🗆 M 2 💢 F	89 900	YAS.	MONTHS	DAYS	HOURS	MIN.	3-19	-02		YLAND	
	9a. FACILITY NAME (If not institution, gi	ve street and number)			9b. CITY,	TOWN OF	N OR LOCATION OF DEATN 9c. COUNTY OF DEATN						
OR	MERCY HOSPITA	L				BA	LTIM	IORE					
5	RESIDENCE OF DECEDENT			40.000						_			
DIRECTOR	MARYLAND	, N. I.		IUC. CIT	Y, TOWN OF	TIMO						IOd. INSIDE CITY LIMITS?	
	10e, STREET AND NUMBER				חעח		ZIP CODE			10- 017		IX YES 2 NO	
RA	2327 N. CHAR	TEC CTDEE	т			101.	ZIP CODE	212	10	10g. Cit		SA	
FUNERAL	11. MARITAL STATUS		T NT EVER IN U.S. ARM	1ED	12 14	DECE	NOENT O		HIC ORIGIN? (Specify Y	n or No			
BY FU	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	YES 2. NO	0	lf	yes, spe	cify Cubar	n, Maxica	n, Puerto Rican, etc.)	or No	Black, Specify:	- American Indian, White, etc. : : WHITE	
	15. DECEDENT'S I		16a. DEC	EDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF B	JSINESS/IN	DUSTRY		
ET	(Specify only highest gi	rade completed) College (1-4 or 5	+) (G/v	ne kind of t Do NOT u	work done du se retired.)	uring mos	t of working	9				100	
길	UNKNOWN 8TH			HOU	SEWIF	E							
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOTN	ER'S NA	ME (First, Middle, Maide	n Surneme)			
BE (ROMIE ELBURN	100						EL	LA ELBURN				
10 B	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADORESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 3003 N. CHARLES STREET, BALTO., MD. 21218												
F	BURTON ELBURN			30	03 N.	CHA	ARLES	ST	REET, BAL	ΓΟ.,	MD. 2	1218	
	20e. METHOD OF DISPOSITION 1 \$\overline{\text{S}}\$ Burial 2 \(\text{Cremation} \) Cremation 3 \(\text{F} \) 4 \(\text{D}\) Donation 5 \(\text{D}\) Other (Specify) \(\text{C}\)	Ramoval from State	of cemetary.	crematory	e of DISPO	SITION (Name	NIC :	7/6/91 MAI	OCATION -	TSVIL	n, State LE MD .	
	21, SIGNATURE OF FUNERAL SERVICE	E LICENSEE	TOREST	O.	22. N	IAME AN	D ADDRES	S OF FA	CILITY				
	× 11 11	2. 1	leita 1						TZ, JR. F				
	23. PART I. Enter the diseases,			A DO	not enter t	3818	ROI	AND	AVENUE,	BALTO	., MD	. 21211	
	ahock, or heert fallu	ire. List only one ce	use on wich line.	EUV. DO	not enter i	the mot	se or dyn	ng, suc	in as cardiec or rea	piratory e	reat,	Interval Between	
	IMMEDIATE CAUSE (Finel disease or condition	D	4		7	10						Onset and Death	
	resulting in deeth)	e. DUE TO	ETO (ORIAS A CONSEQUENCE OF):										
7	IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Respiratory terribuse Due to (or as a consequence of): Sequentially list conditions, the survey of the pulmonary ambolic of the pulmonary of th												
ERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE 1	O (OR AS A CONSEC	UENCE O	F):		1				×		
S	cause. Enter UNDERLYING CAUSE (Disease or Injury	c											
Ė	that initiated events	DUE TO	O (OR AS A CONSEC	UENCE O	PF):								
E	resulting in deeth) LAST	d											
O	PART II. Other significent condi	tions contributing t	o deeth but not re	aulting	In the unc	deriving	cause o	lven in	Part I. 24a, WAS A	N AUTOPSY	24b. 1	WERE AUTOPSY FINDINGS	
CA	Smell bo			_		, ,			PERF	PAMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE	
ED	Pentoni								1 TYES	2 NO	- 1	OF DEATH?	
Σ	1 00000	10.2							— I			1 TYES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICA	4			_	28. PL	ACE OF D	EATN (Ch	neck only one)				
EXAMINER? 1 YES 2 DOO 1 YES 2													
PHYSICIAN: MEDICAL	27. MANNER OF DEATN	28a. DATE C	F INJURY	28b. TIN	AE OF	28c. INJU	JRY AT		28d. DESCRIBE NOW	INJURY O	CURED		
	1 Natural 5 Pending		Day, Year)	IN	JURY M	1 🗌 Y	ES 2	NO					
) BY	2 Accident Investigati	28e. PLACE	OF INJURY — At hor	me, farm,	street, facto	ory, office			281. LOCATION (Stree City or Town, Stat	t and Numb	or or Rural Ro	oute Number,	
E	4 Homicide determine		g, and (Openly)						City of fown, State	9)			
COMPLETED	Crieck Orly	NYSICIAN: To the best	of my knowledge, de	ath occur	red et the til	me, data	and placa	, and du	to the cause(a) and m	anner se et	sted.		
ON	one) 2 MEDICAL EXAM	MINER: On the basis of	examination and/or i	nvestigati	on, in my of	pinion, de	eth occur	red et the	time, date and place,	and due to	ihe cause(a)	and menner as stated.	
ш	296. SIGNATURE AND TITLE OF CERT	TIFIER					29c. LICE			29d. DA	TE SIGNEO (Month, Day, Year)	
0	me	Seine 1	Cur				D	3.	5740		7-3-	91	
유	30. NAME AND ADDRESS OF PERSON	WNO COMPLETED CA	USE OF DEATH (ITEM	4 27) (Type	e Print)								

PLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

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32. REGISTRAR'S SIGNATURE

permit. Pages 1, 2, 3 should

	RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho-		to the model of the manufacture and the model of the model of the model of the model of
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)	is c	72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	1
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1	5	10	8.0
100	RA	2	80

	1 - STATE REGISTRAR	TE OF MA	RYLAND / I CE		ICATE					YGIEN EG. NO.	E J	1	18229
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF D	EATH DA	i.w	YEAR :	3. TIME OF DEATH
	MARGARET	M.		BEAR	ES				July			TEAH	м
	4. SOCIAL SECURITY NUMBER 5. SEX	6	. AGE (In yrs. last	birthday)	IF UNDER		IF UNDER	-	7. DATE OF B (Month, Day	нтн		8. BIRTHPI Country)	LACE (State or Foreign
	213-34-0144	4 2 💢 F	73	YRS.	MONTHS	DAYS	HOURE	MIN.	March	10,	1918		ryland
	9s. FACILITY NAME (If not institution, give street and	number)			9b. CITY,	TOWN O	R LOCATIO	N OF DE				TY OF DE	4
5	1622 Rebecca Ct. Ap-	t. F			F	ores	t Hi	11			Ha	arfor	d
DIRECTOR	RESIDENCE OF DECEDENT										- 110		
H	16a. STATE 10b. COUNTY		10c. CIT	Y, TOWN C		17.40						10d. INSIDE CITY LIMITS?	
₽	Maryland Harfor	d			For	<u>est</u>	<u> Hill</u>						I YES 2 X NO
4	10e. STREET AND NUMBER					101.	ZIP CODE						IAT COUNTRY?
FUNERAL	1622 Rebecca Ct. Ap	t. F					21	050				J.S.A	
5			EVER IN U.S. ARM						HC ORIGIN? (Sp n, Puerto Ricen		or No-	14. RACE - Black,	- American Indian, White, etc.
BY		YES, GIVE WAT					2 X NO			, ,		Specify	White
	15. DECEDENT'S EDUCATION		40- 050	50 51 F10	USUAL O	001101710							WIIICE
	(Specify only highest grade complete		(Give	e kind of Do NOT u	work done (during mos	n st of workin	g	160. KIN	D OF BU	SINESS/IND	USTRY	
اڄ	Elementary/Secondary (0-12) College 12 VY S	ge (1-4 or 5 +)			sewi								
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			1100	JCHI		16 MOTI	IED'S NA	ME (First, Middle	Makha	Sumama)		
8	John	Ma	der					Pear		, mercron	Surriame)	Herp	ام
器	19a. INFORMANT'S NAME (Type/Print)	, 10		MAILING	ADDRESS	S (Street e			Route Number, C	ity or Tow	n State Zin		CI
9	Mr. Howard E. Beare	s			ame			OF FILMER	route realized, C	ity or now	n, Orano, Esp	0000)	
	200 METHOD OF DISPOSITION		20b. PLACE A						DATE	20c. LO	CATION —	City or Tow	n. Stata
	1 [X Buriel 2 Cremation 3 Removal from	m State	of cemetary, of	cremator		lace)		7	/8/91				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Daul I	HArtsock	_			ID ADDRES				ickor ore,N		
	D. 09111	100	I I'M WOUL	·, UI •		lann	and	1 D					ord Rd.
	Teny L. Hailor												
	23. PART I. Enter the diseases, or complic shock, or heart fallure. List on	ly one cause	on each line.	ıın. Do	not enter	the mo	de or dy	ng, suc	n as cerdiec	or reap	iratory arr	est,	Approximete Interval Between
	IMMEDIATE CAUSE (Final disease or condition) A + + + A - A - + - A											Onset and Death	
	resulting in death) - e. / lecastarie Heast Caranoma 2 m											2 m	
	DUE TO (OR AS A CONSEQUENCE OF):												
CERTIFICATION	Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF):												
¥	If any, leading to immediate cause. Enter UNDERLYING												
띹	CAUSE (Disease or Injury that Initiated events DUE TO (OR AS A CONSEQUENCE OF):												
	resulting in death) LAST												
2	Part II Other elevidions and distance	dhista a ta d		111				List.	e a la			The same	
CAL	PART II. Other significant conditions control	nbuting to a	eath but not re	sulting	in the ur	ideriying	g ceuse (jiven in		PERFO		100	WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
EDIC				-					10	YES :	No		COMPLETION OF CAUSE OF DEATH?
M									_				1 TYES 2 NO
												1	
S	25. WAS CASE REFERRED TO MEDICAL. EXAMINER?	PITAL:			OTHE		ACE OF D	EATH (Ch	eck only one)				
YSI	1 TES 2 TNO 1 In		ER/Outpatient 3	□ DOA			• 5 □ H	sidence	6 Other (Sp	ecify)			
PHYSICIAN:		6a. DATE OF It (Month, Day	Ybar)	26b. TII	JURY		PK?		28d. DEŞCRII	BE HOW	INJURY OC	CURED	
BY	2 Accident Investigation	-		_	М		YES 2	NO					
	3 Suicide 6 Could not be 4 Homicide detarmined	6a. PLACE OF building, U	INJURY — At hon Ic. (Specify)	ne, farm,	street, fac	tory, offic	•		281. LOCATIO City or To	N (Street wn, State,		or Rural Ro	outs Number,
COMPLETED													
7	29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To	the best of m	ry knowledge, des	th occur	red at the t	time, data	and place	, and due	to the cause(a) and ma	nner as stat	ed.	
Š	one) 2 MEDICAL EXAMINER: On the	ne basis of axa	mination and/or in	rvestigati	on, in my	opinion, d	leath occu	red at the	time, data and	place, a	nd due to th	e cause(a)	and manner as stated.
ш	29b. SIGNATURE AND TITLE OF CERTIFIER	/			10		29c. LIC	ENSE NUI		,	29d. DAT	E SIGNES	(Month Day, Year)
9 0	Jam for	_					1	126	0396		•	7/8	191
9	30, NAME AND ADDRESS OF PERSON WHO COMP	LETED CAUSE	OF DEATH (ITEM	1 27) (Typ	e, Print)		-						7
	Davis Hahn, M.D.		od Sama	rita	n								
	31. DATE FILED (Month, Day, Year)	P. REGISTRAR	S SIGNATURE	4.00									
		CARLON AND ARRAY	STATES SAME PARTY BATTER BY										

nslt permit. Pages 1, 2, 3 should

1 - STATE REGISTRAR	STATE OF MARY		CATE OF		MENTAL HYGI REG.					
1. DECEDENT'S NAME (First, Middle, Less Walter	M. Bosse				2. DATE OF DEATH MONTH July 3	DAY Y	3. TIME OF DEATH 4:45A			
4. SOCIAL SECURITY NUMBER 214 2 0 8115	5. SEX 6. AGE	E (In yrs. lest birthday) 65 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year 12/16/1	925 A	BIRTHPLACE (State or Foreign Country) Maryland			
99. FACILITY NAME (If not institution, giv VAMC, Perry Poi				Point, 1		9c. COUNTY				
VAMC, Perry Poi RESIDENCE OF DECEDENT 100. STATE 100. COU Maryland Balt 100. STREET AND NUMBER 1741 Stokesly Rd	imore	10c. CITY,	, TOWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 XXNO			
100. STREET AND NUMBER 1741 Stokesly Rd			10	1. ZIP CODE		10g. CITIZEI	N OF WNAT COUNTRY?			
3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 2 YE IF YES, GIVE WAR OR	IN U.S. ARMED S 2 NO DATES	13. WAS DE	CENDENT OF HISPAN Hecity Cuban, Mexical 2 NO Specify	IIC ORIGIN? (Specify n, Puerto Rican, atc.	Yes or No— 14	Black, White, etc. Specify:			
15. DECEDENT'S E (Specify only highest grave learners only highest grave) Elementary/Secondary (0-12) G. E. D. 17. FATHER'S NAME (First, Middle, Last)										
17. FATHER'S NAME (First, Middle, Last) Michael Bosse		There are an area	ME (First, Middle, Ma	iden Surneme)						
190. INFORMANT'S NAME (Type/Print) Raymonda M. Boss	19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)									
20a. METHOD OF DISPOSITION 1	amoval from State 7/6/1991	other place) LULTOP Se	ITION (Name of ce	metery, crematory or	200	LOCATION - CH	y or Town, State Maruland			
21. SIGNATURE OF PINETIAL BEHVICE		1	22. NAME A	ND ADDRESS OF FA	neral Hor	ne of Du	ındalk, Inc.			
23. PART I. Enter the diseases, c shock, or heert fellur IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. List only one cause on	each line.	ot enter the m	ode of dylng, suc	h sa cerdiec or n	aspiratory srres	Approximate Interval Between Onset and Da			
	s. Asystole but TO (OR AS A CONSEQUENCE OF): Myocardial infarction									
Sequentielly list conditions, if sny, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury	Sequentielly list conditions, If any, leading to immediate ceuse. Enter UNDERLYING									
Sequentielly list conditions, if sny, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):							
PART II. Other significent condit	ione contributing to death	but not resulting in	n the underlyin	ng cause given in	PEF	S AN AUTOPSY REORMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?			
							1 TYES 2 NO			
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	utpatient 3 DOA	OTHER:	ne 5 Residence						
27. MANNER OF DEATH 1 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year		URY W	JURY AT ORK? YES 2 NO	26d. DESCRIBE H	OW INJURY OCCU	RED			
3 Suicide 6 Could not determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM	building, atc. (Si	RY — At home, farm, a pecify)	freet, factory, offi	C··	281. LOCATION (St City or Town, S		Rural Routa Number,			
29e. CERTIFIER (Check only one) 1 1 CERTIFYINO PH 2 MEDICAL EXAM	YSICIAN: To the best of my known the best of examination the best of examination of the best of examination of the best of examination of the best of									
296. SIGNATURE AND THE OF CONTIN	Theeman	MS		29c. LICENSE NUI			SIONEO (Month, Day, Year)			
30. NAME AND ADDRESS OF PERSON RICHARD FR	WNO COMPLETED CAUSE OF EEMAN, M.D.			nt, Md.	21902					

VAMC, Perry Point, Md., 21902

32. REGISTRAR'S SIGNATURE
Julia Devidoor-Rondon



31. DATE FILED (Mohth, Day, Year)

91 18231

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	FOR 1 - STATE REGISTRAR	STATE OF MARYLAN	D / DEPARTM			MENTAL HYGIEN				
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	-	3. TIME OF DEATH		
	Ernestine	Bullock			монтн г 7		91 8:19 A M			
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.				7. DATE OF BIRTH		BIRTHPLACE (State or Foreign		
	112-31-7052	1 M 2 P F #			OURS MIN.	(Month, Day, Year)		Country)		
	9a. FACILITY NAME (If not institution, give a			OUTY TOWN OR	LOCATION OF OR		9c. COUNTY	29110, ma		
r						AIH	9c. COUNTY	OF DEATH		
DIRECTOR	2353 W. North Ave	2 .	I	Baltimo	re City					
2	RESIDENCE OF DECEDENT 10s. STATE 10b. COUNT	γ	10c, CITY, TO	OWN OR LOCATIO	N N		-	10d. INSIDE CITY		
=	Throw land		Bo	17.				LIMITE?		
	10e. STREET AND NUMBER		SIT	111/11	IP CODE		40- 0171761	OF WHAT COUNTRY?		
FUNERAL	DO STREET AND NOMBER	11 -11 .1		101. 4	O O		10g. Citizery	OF WHAT COUNTRY?		
2	0323 W.	VOMA 14C	Je.		+1011	0	a	. 3,171		
2	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER IN U. FORCES? 1 YES	S. ARMED			IIC ORIGIN? (Specify Yon, Puarto Rican, etc.)	n or No — 14.	RACE — American Indian, Black, White, atc.		
В	3 Widowed 4 Divorced	IF YES, GIVE WAR OR DATE	S	1 TYES 2	NO Specify	r.	- 10	Spoily nu /		
						I manufacture and a	1/	217901		
=	15. DECEDENT'S EDU (Specify only highest grade	cation 18 completed)	(Give kind of work	done during most		16b. KIND OF BI	JSINESS/INDUST	TRY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ma. Do NOT use ret	mod.)		1 1 1	/.	,		
ž		/	THEND	enl		11/	INSV	4		
3	17 PATHER'S NAME (First, Middle, Last)	- 1/			18. MOTHER'S NA	ME (First, Middle, Meide	n Surname)			
BE	MAGMOND	Fields			GER	Aldine	110	n500		
0	19a. INFORMANT'S NAME (Type/Print)	/ ./ .	19b. MAILING AD	DRESS (Street any	Number or Rural	Route Number, City or To	wn, State Zip Co	de)		
<u> </u>	M'5 Victoril	7 AUIllock	1806	N. For	+51,	BAIR	. mo	1. 2/2/3		
	20a. METHOD OF DISPOSITION	20b. Pl	ACE OF DISPOSITIO	ON (Name of ceme	tery, crematory or	20c. L	OCATION — City	or Town, State		
	1 2 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify)	ioval from State	her place) Ten	115/2	AR ()	an. 1	SAM	1. Co. m		
		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY - CIANG - PAT 17 mm e 1								
	DSEPTIFICOSS PUNEVIII TIOME									
	resign	di persa		2222	WINO	VIA HUE	DAL	D.Md.21216		
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiretory arrest,									
	immediate cause (Final	ahock, or heart fallure. List only one cause on each line. interval Between Onset and Death								
	disease or condition	TX TTO LIV	1-201							
	resulting in death) Due to (OR AS A CONSEQUENCE OF):									
_	- CHRONIC DELOHOUSE									
5	Sequentially list conditions,									
F	if any, leading to immediate cause. Enter UNDERLYING		,					į į		
2	CAUSE (Disease or Injury									
CERTIFICATION	resulting in death) LAST	that initiated eventa								
<u>H</u>		d.								
- 1	PART II. Other algolificant condition	PART II. Other algorificant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY FINDINGS								
5		_					PRMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE		
						NES		OF DEATH?		
Σ						- Im	MAL	1 YES 2 NO		
Ë	i									
8	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (C)	eck only one)				
PHYSICIAN: MEDIC	1 ₹ YES 2 □ NO	1 Inpatient 2 ER/Outpetion		THER: Nursing Home	5 Rasidence	8 Other (Specify)				
Ē	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b, TIME OF	F 28c. INJU	RY AT	28d. DEŞCRIBE HOW	INJURY OCCUP	RED		
	1 Natural 5 Pending	(WORK, Day, Hall)	insun		S 2 NO					
B	2 District	26a. PLACE OF INJURY —		et, factory, office		281. LOCATION (Street		Rural Route Number,		
B	4 Homicide 6 Could not be	building, atc. (Specify))			City or Town, Sta	a)			
Ш	29a, CERTIFIER									
COMPLETED	(Check only	GICIAN: To the best of my knowled								
ō	2XX MEDICAL EXAMIN	ER: On the basis of examination a	nd/or investigation, is	n my opinion, de	eth occured at the	time, data and place,	and due to the c	ause(s) and manner as stated.		
	296. AUGNATURE AND TITLE OF CENTIFIE	R 1/			29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day, Year)		
BE	Wohne In	& yeall			O.C.M.	Ε.	▶Ju1	y 5,1991		
5	30, NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEAT	H (ITEM 27) (Type. Pri	int)						
	Margarita A. Ki	orell M.D.	105	111 P	enn St.	Baltimore	2,21201	Md.		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURAL DAVIDA - ROM	oda DO							
	. un nv 1001	- THE OF IT WAS A COUNTY OF THE PARTY OF THE	The state of the s							

BALLIMORE, MARYLAND 21215-0020	RISCIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	perificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24	TO THE FLANETRAL CHECTOR, AND THE SEATE DEBY, OF HEALTH AND MENTAL HYGIENE PRIOR TO BUILD. CHEMISTON, OF REMOVAL.	IMPORTANT II LANT 28 marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI			MENTAL HYG		- K			
1. DECEDENT'S NAME (First, Mick MARY	te, Last) B BREWER				2. DATE OF DEAT		3. TIME OF OEATH			
4. SOCIAL SECURITY NUMBER 214-05-3650	1 □ M 2 🂢 F	81 YRS.	F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTY (Month, Day, Ye 7-18-190	09 1	BIRTHPLACE (State or Foreign Country) Maryland			
	In FACILITY NAME (If not institution, give street and number) UNION MEMORIAL HOSPITAL RESIDENCE OF DECEDENT				96. CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY 96. COUNTY OF DEATH					
MD 10a. STATE 10b	MD				imore	10d. INSIDE CITY LIMITS7 1 XX YES 2 NO				
100. STREET AND NUMBER 820 Powers St	320 Powers Street			f. ZIP CODE	1211		S.A.			
10e. STREET AND NUMBER 820 POWETS St 11. MARITAL STATUS 1 Never Married 2 Marr 3 Wildowed 4 Olvorced	12. WAS DECEOENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yee, s		ANIC ORIGIN? (Specifican, Puerto Rican, atelly:		14. RACE — American Indian, Black, White, atc. Specify: White			
15. DECEOE! (Specify only high Elementary/Secondary (0-12) 8th Grade 17. FATHER'S NAME (First, Middle,	it's EOUCATION lest grade completed) College (1-4 or 5+)	16a. DECEDENT'S U: (Give kind of world) life. Do NOT use	sual occupation of the done during more retired.) emaker	ON ost of working	16b, KIND O	of Business/Industry Homemaker				
17. FATHER'S NAME (First, Middle,	and the same of th		Cindret	18. MOTHER'S N	AME (First, Middle, M Ada Wisr	aiden Surname)				
	Clarence Hampshire 190. INFORMANT'S NAME (Type/Print) Dorothy L. Brewer 820 F				Ada Wisi A Route Number, City of altimore,	or Town, State, Zip Co	ad 21211			
206. METHOO OF DISPOSITION 1.A. Burlel 2 Cremation 3 Removal from State 4 Donation 8 Other (Specify) 20b. PLACE AND DATE Of DISPOSITION (Name of cametary, crematory or other place) 4 Donation 8 Other (Specify) 21. SIGNATURE/OF FUNERAL SERVICE_LICENSEE 22. NAME AND ADDRESS OF FACILITY 3631 Falls Road										
23. PART I. Enter the giées shock, or heart IMMEDIATE CAUSE (Final	23. PART I. Enter the diseases, or complications that saused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. BURGEE-HENSS FUNERAL HOME Balto., MD 21211 Approximate interval Between									
disease or condition resulting in death)	disease or condition resulting in death) s. Bilateral Preumonia & associated storis DUE TO (OR AS A CONSEQUENCE OF):									
If sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
PART II. Other significant of			n Part I. 24a, W PE 1	24b, WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
EXAMINER?										
1 VES 2 NO 11 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY WORK? WORK? 1 VES 2 NO 28d. DESCRIBE HOW INJURY OCCURED M 1 VES 2 NO										
3 Suicide 6 Cou	28e. PLACE OF INJU building, etc. (S	RY — At home, ferm, str pecify)	reet, factory, off	ce	281. LOCATION (S City or Town,	Street and Number or State)	Rural Route Number,			
CONSTRUCTION OF STREET	NG PHYSICIAN: To the best of my kn									
29b. SIGNATURE AND TOTAL OF	CERTIFIER			29c. LICENSE N	UMBER	29d. DATE S	SIGNED (Month, Day, Year)			
30. NAME AND ADDRESS OF PE	non who completed cause of may MD		Print)							
31. DATE FILEO (Month, Day, Year	32. REGISTRAR'S SI	GNATURE								

FOR STATE REGISTRAR

STATE 0	F MARYLAND /	DEPARTMENT	OF HEALTH	AND	MENTAL	HYGIENE
	CI	ERTIFICATE	OF DEA	TH		REG. NO.

	1. DECEDENT'S NAME (First, Middle, Linst) IRENE V. BECRAFT					2. DATE OF DEATH DAY 4 THE 6:33 P M				
ETED BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL DIRECTOR	4. SOCIAL SECURITY NUMBER 219-12-8605	5. SEX 1 M 2 X F	6. AGE (In yrs. last birthday) 75 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Dey, Year) 2-14-16	8. BIRT	HPLACE (State or Foreign try) USA		
TOR	ST. AGNES HOS	R LOCATION OF OE								
BY PHYSICIAN: MEDICAL CERTIFICATION TO BE COMPLETED BY FUNERAL	MARYLAND	b. COUNTY		TY. TOWN OR LECATHS. Alimore 122 Es 2 \(\text{No.}\)						
VERAL	2651 Dulaney	_	· .	100	. ZIP CODE	223 USA . ,				
BY	11. MARITAL STATUS 1 Newer Married 2 Mai 3 Widowed 4 Divorced	ENT EVER IN U.S. ARMED 1 THES 2 TO NO E WAR OR DATES	If yes, sp	ENDENT OF HISPAN acity Culturn, Mexical 2 NO Specify	WHITE					
APLETED	15. DECEDE (Specify only hig Elementary/Secondary (0-12) 8th gra	(Give kind of life. Do NOT t	WORK done during mose retired.)	st of working	16b, KIND OF BU	SINESS/INDUSTRY				
SE CON	17. FATHER'S NAME (First, Middle	DOM	INIC JESSUP		IREN		3			
	DAVID E. BE					BALTIMORE		1223		
	20a, METHOD OF DISPOSITION 1 ABurlal 2 Cremation 4 Donation 8 Other (Sp	3 Removal from State	206. PLACE AND DATE Of competary, cremator PINE GI	OVE CEME	TERY	7-08 MT				
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY HUBBARD FUNERAL HOME INC. 4107 WILKENS AVENUE, BALTIMORE, MD. 21229									
ERTIFICATION	23 PART I. Enter the diseration when the condition resulting in death) Sequentially list condition if sny, leading to immediaceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	s, oue	TO TOTAL A CONSEQUENCE OF TO TOTAL AS A CONSEQUENCE OF TOTAL AS A CONS	L M	onl Jelli and	osis tus farter	coscle	Approximate Interval Batween Onset and Death 14 Years 20 Johnson Joh		
MEDICAL	PART II. Other significant	conditiona contributing	to death but not resulting	In the underlyin	g cause given in	Part I. 24a. WAS AN PERFO	RMED?	bb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
SICIAN	25. WAS CASE REFERBED TO MEDICAL EXAMINER? 1 YES 2 NO 1 petient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specify)									
	27. MANNEN OF DEATH 1 Natural 8 Per 2 Accident Inve	28a. DATE (Monti	OF INJURY of, Day, Year) 28b. TI	ME OF 26c. IN.	JURY AT DRK? YES 2 NO	28d, DESCRIBE HOW	INJURY OCCURED			
	2 Accident 3 Suicide 5 Could not be detarmined 28e. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 28f. LOCATION (Street and Number or Rural Route Number, City or Yown, State)									
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFÝING PHYSICIAN: To the best of my knowledge, daeth occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.									
TO BE	30. NAME AND ADDRESS OF P. DR. ALFRED	ERSON WHO COMPLETED O	Ause of Death (Ifem 27) (7/1) S. HÎLTON STR		LTIMORE,	+399	Jul 223	45,1991		
	31. JATE CILED (Mogrin. Day You	32. Decis	TRAR'S SIGNATURE			_	-			

	1, 2, 3 should			
	Pages			
ENDING PHYSICIAN. The law requires that the death certificate be executed within 24 riours after death. Page 6 may be retained by the hospital or attending physician.	RP. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	*	IPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
OR ATTE	DIRECTO	ours aft	lem 28	
SPITAL (VERAL C	be filed within 72 hours after death	AT: IF II	
THE HOS	THE FUN	iled with	ORTA	
101	101	De f	¥	١

1 - STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.							
1. DECEDENT'S NAME (First, Mid JAM	es D. BUCKMASTER			2. DAT	2. DATE OF DEATH MONTH DAY 07 07 9		year 10:30 P. M	
4. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF U	RS MIN. (Mor	E OF BIRTH oth, Day, Year)	Country	PLACE (State or Foreign	
212-20-4964			CITY, TOWN OR LO	O5	10 25	MAI	RYLAND	
	ESDALE AVENUE		BALT		9E. CC	JONIT OF DE	2011	
RESIDENCE OF DECED	ENT			IIOIL				
	b. COUNTY		OWN OR LOCATION				10d. INSIDE CITY LIMITS?	
MARYLAND 100. STREET AND NUMBER	BAL	TIMORE		I	1 XYES 2 NO			
	VINCOATE AVENUE		10t. ZIP (10g. C	TIZEN OF W	USA	
11. MARITAL STATUS	YDESDALE AVENUE	N U.S. ARMED	13. WAS DECEMBE	21211 WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. R.			American Indian,	
1 Never Married 2 Mar	ried FORCES? 1 X YES	2 NO		luban, Mexican, Puarte		Black	, white, stc.	
3 Widowed 4 Divorced	WW II & KO					1	WHITE	
15. DECEDE (Specify only hig	NT'S EDUCATION hest grade completed)	16a. DECEDENT'S USI (Give kind of work	done during most of w		Bb. KIND OF BUSINESS/	INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5 +)	RETIRE			BALTO, CI	מין איד	LICE	
12TH 17. FATHER'S NAME (First, Middle	Lest)	KULIKE		OTHER'S NAME (First	Middle, Malden Surname		TOE.	
	BUCKMASTER, SR.		10.	LILLIAN (CHARLES SELECTIONS	,		
19a. INFORMANT'S NAME (Type/		19b. MAILING AD	DRESS (Street and Nu		mber, City or Town, State,	Zip Code)		
MILDRED BUC	KMASTER	4282	CLYDESDAI	LE AVEN, 1	BALTIMORE,	MD.	21211	
20a. METHOD OF DISPOSITION		b. PLACE AND DATE OF		D/	TE 20c. LOCATION	- City or To	wn, State	
1 Deriel 2 Commetter 3 Removal from State of cametary, crematory or other place) 4 Donation 5 Other (Specify) GREEN MOUNT CEMETERY 7/8/91 BALTIMORE, MD.								
22. NAME AND ADDRESS OF FACILITY KAXXX A. ALAN SEITZ, JR. FUNERAL HOME 3818 ROLAND AVENUE, BALTO., MD. 21211								
Sequentially list conditions if any, leading to immediat cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	oc_					
PART II. Other eignificent	conditions contributing to death to	out not resulting in t	ha underlying cau	se given in Part I.	24s. WAS AN AUTOPS PERFORMED? 1 YES 2 NO	SY 24b.	WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL: OTHER:								
1 TYES 2 NO	1 Inpatient 2 ER/Out	patient 3 DOA 4	☐ Nursing Home 5	Residence 6 🗆 Ot				
27. MANNER OF DEATH 1 Netural 5 Pen	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	Y WORK?		ESCRIBE HOW INJURY	OCCURED		
2 Accident Inve	returning M 1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route City or Town, State)						Route Number,	
one) —	ING PHYSICIAN: To the best of my know) and manner so state	
29b. SIGNATURE AND TITLE OF	CENTIFIER OARL	MD	290	LICENSE NUMBER	8 29d. 1	DATE SIGNED	8/97 1000)	
1900	ASON WHO COMPLETED CAUSE OF DE	1 Picu	ry, O	allo. Y	MI) ZI	239		
31. DATE FILED (Month, Day, Year	32. REGISTRAR'S SIGN	nature ndelle	U					



DHMH-16 Rev 1/89

YSICIAN: The law requires that the death certificate be executed within 2 inours after death. Page 6 may be retained by the hospital or attending physician.	is certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	tion, or removal.	ed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOSPITAC OF ATTENDING PHYSICIAN: The law requires that the death certificate be es	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician a	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traum

FOR STATE REGISTRAR	STATE OF MAR								E		
									991	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 216-05-9332	6. SEX 6. /	NGE (In yrs. lest	birthday)			7				Country	PLACE (State or Foreign y) insylvania
5527 Link Avenu						LOCATION OF DE	ATH				
	Timore		10c. CIT	Y, TOWN OR Ar bu	LOCATIO	N					10d. INSIDE CITY LIMITS?
100-5186ET AND NUMBER Avenu	le				10f. Z	21227	<u>-</u>		10g. CITI	ZEN OF W	1 NES 2 NO WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES? 1	YES 2 N		18 1	yes, speci	Ify Cuben, Mexices ☑ NO Specify	n, Puerto Ric		or No—	Spec/	E — American Indian, t, White, etc.
15. OECEDENT'S EC (Specify only highest gre Elementary/Secondary (0-12)	DUCATION de completed) College (1-4 or 5 +)	(Gi	be kind of a Do NOT us	vork done du ne retired.)	CUPATION ring most	-			INESS/IND		
17. FATHER'S NAME (First, Middle, Last)	n	1320		CLUIT	1		ME (First, Mid	die, Maiden	Surname)		
190. INFORMANT'S NAME (Type/Print) Mary J. Brittia	ın								n, State, Zip	Md	21227
20a, METHOD OF DISPOSITION 1 M Burlel 2 Cremetion 3 Re 4 Donation 6 Other (Specify)	emoval from State	20h. PLACE other pla Loudo	of dispos	sition (Name	emete	tery, cremetory or					, Maryland
21. SIGNATURE OF FUNERAL SERVICE	Cimbra	2.		22. N	AME AND	ADDRESS OF FA		rose	Fune	ral	Home
23. PART I. Enter the disesses, o shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. List only one cause	on each line	3/3	45	_	(h aa cerdla	c or respi	retory sn	rest,	Approximata interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate	b. OUE TO (OR	AS A CONSEC	OUENCE O	Đ.							
cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	C. DUE-TO (OR	AS A CONSECULA	OUENCE O	inhe	esia	el Van	< T)1.	Secr			
PART II. Other significant conditi	one contributing to de	ith but not i	V					4a. WAS AN	AUTOPSY		. WERE AUTOPSY FINDINGS
							$= \int_{\gamma}$				AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Mutation 1	. □ DOA	OTHER:	:			Provided	***		
27. MANNER OF OEATH 1 Netural 5 Pending	28a. DATE OF INJ (Month, Day,	URY	26b. TIN	E OF	28c. INJUI WOR	RY AT			NJURY OC	CURED	
3 Suicide 6 Could not t	28e. PLACE OF IN- building, etc.	IJURY — At he (Specify)	ome, farm,	street, factor	ry, office		28f. LOCAT City or	TON (Street of Town, State)	end Numbe	or or Rural	Route Number,
(Check only											e) end manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIF	2 Munit	6	MD			29c. LICENSE NU	MBER		29d. DA	7/8	161 161
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE	DEATH (ITE	M 27) (7)/P	a, Print)						/ /	
31. DATE FILED (Month, Day, Year)			מל	102							
	1. OECEDENT'S NAME (First, Middle, Last Ira O. E 4. SOCIAL SECURITY NUMBER 216-05-9332 90. FACILITY NAME (If not institution, give 5527 Link AVenuments) FRESIDENCE OF DECEDENT 100. STATE 100. COUNTY 11. MARITAL STATUS 11. MARITAL STATUS 11. Maver Married 2 \(\) Merried 3 \(\) Widowed 4 \(\) Divorced 15. OECEDENT'S E (Specily only highest grast properties) William Brittia 190. INFORMANT'S NAME (First, Middle, Last) Information of Observation	STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) Ira O. Brittian 4. SOCIAL SECURITY NUMBER 216-05-9332 9. FACRITY NAME (If not Institution, give street end number) 5527 Link Avenue RESIDENCE OF DECEDENT 106_STREET, AND NUMBER AVENUE 11. MARITAL STATUS 1	STATE REGISTRAR 1. OECEDENT'S NAME (First, Middle, Last) I'TA O. Brittian 4. SOCIAL SECURITY NAME (First, Middle, Last) 21.6-05-9332 9a. FACILITY NAME (II not institution, give street and number) 55527 Link AVENUE FESIDENCE OF DECEDENT 10a. STATE Never Married 2 Married 3 Discordy only highest grade completed) 11. MARITAL STATUS 1 Never Married 2 Married 3 Discordy only highest grade completed) 12. WAS DECEDENT EVER IN U.S., AR FORCES 1 S 2 No. SCEDENT EVER IN U.S., AR FORCES 1 S 2 No. SCEDENT EVER IN U.S., AR FORCES 1 S 2 No. SCEDENT EVER IN U.S., AR FORCES 1 S S 2 No. SCEDENT EVER IN U.S., AR FORCES 1 S S 2 No. SCEDENT EVER IN U.S., AR FORCES 1 S S S No. SCEDENT EVER IN U.S., AR FORCES 1 S S S No. SCEDENT EVER IN U.S., AR FORCES 1 S S S No. SCEDENT EVER IN U.S., AR FORCES 1 S S S No. SCEDENT EVER IN U.S., AR FORCES 1 S S S No. SCEDENT EVER IN U.S., AR FORCES 1 S S S No. SCEDENT EVER IN U.S., AR FORCES 1 S S S S S S S S S S S S S S S S S S	- STATE REGISTRAR 1. OECEDENT'S NAME (First, Mickin, Last) 4. SOCIAL SECURITY NUMBER 21.6-05-9332 1	- STATE REGISTRAR 1. OECEDENT'S MANE (First, Michig, Lasi) IT A O. Brittian 4. SOCIAL SECURITY NUMBER 216-05-9332 5. RAGE (In yrt. last birthclory) 6. CHTY, DWA, OR AT IN LAST (In yrt. last birthclory) 7. RATHER SAME (First, Michigh, Last) 7.	- STATE REGISTRAR 1. OECEDENT'S NAME (Piet, Middin, Last) IT A O. Brittian 4. SOCIAL SECURITY NUMBER 216-05-9332 10 M 2 P 82 YRS. 5527 Link AVenue 8. SEX 10 M 2 P 82 YRS. 10 M 2 P 82 YRS. 10 M 2 P 10	STATE PAGE OF DEATH 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT STATE 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT STATE 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT STATE 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT STATE 1. ORCEDENT'S NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last) 1. ORCEDENT NAME (PER, Missing, Last)	STATE STATES AND PRINTED TO MEDICAL LESS THE PRINTED STATES OF DEATH 1. ORCEORN'S MANAGE (Park, Mindol, Last) 2. DATE OF DEATH 3. DATE OF DEATH 4. DOCAS, SECURITY NUMBER 2. SEX YES. 5. PAGE IT Y NUMBER (Park of mindols, give stock and number) 5. DATE OF DEATH 4. DOCAS, SECURITY NUMBER 4. SEX YES. 5. PAGE IT YES AND PRINTED AND PRI	STATE OF DEATH REGISTRAN CENTIFICATE OF DEATH REGISTRAN 1. GEORGETY NAME (Por Mode, Law) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. CHORDETY NAME (Por Mode, Corporation) 1. 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BALTIMORE, MARYLAND 21203-3146	mours after death. Page 6 may be retained by the hospital or attending physician.	s certificate in the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State and mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL BECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The impression that the death certificate be executed within a mount after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate the property of the attending physician and completely filled in by the fiber within 72 hours after death with the State and the state of t	IMPORTANT: If item 28 is marked, or item to the property or other traumatic event, the medical examiner must be notified at once.

, DECEDENT'S NAME (First	t, Middle, Last)							OF DEATH	AY	MEAR	3. TIME OF DEATH
Horace W	. Belt						MONT	7 0.		YEAR	3:12am
578-16-150		5. SEX 1 ☑ M 2 ☐ F	8. AGE (In yrs.		F UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH h, Day, Year) 23,18		a. BIRTH	PLACE (State or Foreign hington, D
Da. FACILITY NAME (If not in	nstitution, give s	treet and number)			9b. CITY, TOWN	OR LOCATION OF		23,10		NTY OF D	
Montgome		eral Hos	pital		01ne	У			Mon	tgom	ery
IOa. STATE	10b. COUNT	Y		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY LIMITS?
Maryland	Montg	omery			Brooke	ville					1 ☐ YES 2 NO
1710 Gold		bao			1	01. ZIP CODE 20833				IZEN OF V	VHAT COUNTRY?
1. MARITAL STATUS		12. WAS DECEDE				CENDENT OF HISPA			1	14. BACE	- American Indian,
Never Married 2 Wildowed 4 Dive		IF YES, GIVE	TEXTES 2 [WAR OR DATES - Unkno		if yes, s	pecify Cuban, Mexic S 2 NO Spec	en, Puerto #y:	Rican, etc.)		Speci	White
	CEDENT'S EDU ly highest grade			(Give kind of	USUAL OCCUPAT	TON nost of working	16b	KIND OF BU	SINESS/IND	OUSTRY OMITINIT	CATIONS
Elementary/Secondary (0-12)	College (1-4 or 5	+)	NAGEM	ree retired.)			U. S.			
JEASE E.	Hiddle, Lest) BELT					18. MOTHER'S N MARY	DANI		Sumame)		
9a. INFORMANT'S NAME (Type/Print)			19b. MAILING	G ADDRESS (Street	and Number or Rura	l Route Num	ber, City or Tox	vn, State, Zip	Code)	
Richard	A. Mi	lls		583	7 Rolli	ng Drive	, Der	wood.l	Md.	2085	5
10a. METHOD OF DISPOSIT		oval from State	other	CE OF DISPO	SITION (Name of c	emetery, cremetory or		20c. LC	CATION -		
☐ Donation 5 ☐ Othe				Matma	7 1 1	0		1 A		drie	Vinneimi
				rietro	politan			**.	rexam	ulla	, virgini
signature of Funeral Multiple Mult	diseases, or neart fellure.	complications the List only one ca	et caused the use on each if	death. Do	22. NAME MU: P.	riel H. Dox	Sarbe 5038, ch ss cen	r Fune Layto	eral l onsvi	Home 11e,	Md. 20882 Approximate Interval Betwo
23. PART I. Enter the canada or condition	disease, or neart fellure.	emplications the List only one ca	de de de de de de de de de de de de de d	death. Do ine.	22. NAME Mu P. not enter the m	riel H. Dox	Sarbe 5038, ch ss cen	r Fune	eral l onsvi	Home 11e,	Md . 20882 Approximate Interval Betw
23. PART I. Errer the calcal control in the cause or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or injust that initiated events	discedes, or neart fellure. neil tions, ediata (ING urry ST	emplications the List only one ca	at caused the use on each if	death. Do ine.	22. NAME MU P. not enter the m	node of dying, su	PACILITY Barbe 5038, ch ss con	r Fune Layto	Pral lonsvi	Home 11e,	Approximate interval Betwoonset and De Onset and De
23. PART I. Errer the canonic shock, or himmediate Cause (Fi disease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LAS	discedes, or neart fellure. neil tions, ediata (ING urry ST	emplications the List only one ca	at caused the use on each if	death. Do ine.	22. NAME MU P. not enter the m	node of dying, su	PACILITY Barbe 5038, ch ss con	r Fune Layto diec or reap	Pral lonsvi	Home 11e,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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23. PART I. Errier the canock, or PinameDiate Cause (Fidisease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injudice) CAUS	disease, or neart fellure. neart fellure. neart fellure. stions, soliata ring ury ST	DUE TO DUE TO	at caused the use on each ii of the use on each ii of the use on each ii of the use on each ii of the use on each ii of the use of t	deeth. Do inc.	22. NAME Mu! P. not enter the more enter the enter the more enter the enter the more enter the e	nd Address of a riel H. O. Box	ACILITY Barbe 5038, ch as cen photo	r Fune Layto diec or reap	Pral lonsvi	Home 11e,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
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1 - STATE REGISTRAR	STATE OF MARY	CERTIF	ICATE (OF DEATH	REG. NO).		
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4. SOCIAL SECURITY NUMBER 235–28–9625	5. SEX 6. AG	BE (In yrs. lest birthday) 83 YRS.	IF UNDER 1 YE	EAR IF UNDER 24 HRS. AVS HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 1-8-1908		8. BIRTN Country	PLACE (State or Foreign Virginia
9a. FACILITY NAME (If not inetitution, give Maryland Manor				wn or location of l Len Burnie	DEATN		NTY OF DI	eath indel
RESIDENCE OF DECEDENT						Ainte	, MIG	II.G.I
Maryland Balti			y, town on L Baltin	ocation nore Count	У			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10e. STREET AND NUMBER				101. ZIP CODE	11.020	10g. CITI	IZEN OF W	VHAT COUNTRY?
Hollander Ridge					21237		ISA	
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15. DECEDENT'S E (Specify only highest gra Elementary/Secondary (0-12)		Ille. Do NOT us	vork done durir	ng most of working	166. KIND OF BU	makin		
17. FATHER'S NAME (First, Middle, Lest) Evan Parks		1100			IAME (First, Middle, Maider		40	
190. INFORMANT'S NAME (Type/Print) Donald Henry Si	impson	19b. MAILING 5205 G	reenh:	ill Avenue	Baltimore	vn, Stata, Zic	ylan	d 21206
20ayMETHOD OF DISPOSITION Description 2 Greenation 3 Green 3 Greenation 4 Greenation 5 Greenation	amoval from Stata	20b. PLACE OF DISPOS	BITION (Name		20c. L0	OCATION -	City or To	
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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

HIGH REAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should retain 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.

			HIOAIL	OF DEATH		REG. NO.				
1. OECEDENT'S NAME (First, Middle, Last)					2. DATE	OF DEATH	AY	YEAR	3. TIME OF DE	
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4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birtho	MONTHS DA		(Monti	OF BIRTH		B. BIRTH Count	HPLACE (State or try)	Foreign
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9a. FACILITY NAME (If not institution, give str	reet and number)		96. CITY, TO	WN OR LOCATION OF	DEATH		9c. COUN	ry OF C	DEATH	
Greater Baltimor	re Medical	Center	To	owson			Bal	tim	ore	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c.	CITY, TOWN OR LO	OCATION					10d, INSIDE CI	Υ
MD		-	Baltimo	200					LIMITS?	NO.
10e. STREET AND NUMBER			Dalcini	10f. ZIP COOE			10g, CITIZ	EN OF 1	WHAT COUNTRY	
1101 St.Paul Str	reet			21202				U	S.A.	
11. MARITAL STATUS	12. WAS DECEDENT EVE	ER IN U.S. ARMEQ	13, WAS	DECENDENT OF HISP	ANIC ORIGIN	17 (Specify Yes	or No—	_		llen.
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15. OECEDENT'S EDUC		16a, OECEDEI	NT'S USUAL OCCUI	PATION	16b	KIND OF BU	SINESS/INDU	ISTRY	White	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5 +)	(Give kind	d of work done during IOT use retired.)	g most of working						
	2	Admini	strative	Assistar	nt Ur	nivers	ity O	f Mo	d. Balt	o. C
17. FATHER'S NAME (First, Middle, Last)		12100112222		18. MOTHER'S						
John Morgan	Henkel			Loui	ise i	A. Ma	rling			
19e. INFORMANT'S NAME (Type/Print)		19b, MAI	ILING ADDRESS (Str	eet and Number or Rurs	I Route Num	ber, City or Tow	n, State, Zip	Code)		
David H. Cohen		22	209 Mary	Land Ave.	21	218				
20s. METHOD OF DISPOSITION	100		DATE OF DISPOSIT		DAT	E 20c. LC	CATION C	ity or To	own, State	
1 Donation 5 D Other (Specify)	oval from State	Loudon E	Park Ceme	etery 7/0	5/91	В	alto.	Md	•	
21. SIGNATURE OF FUNERAL SERVICE LIC			7	E ANO AOORESS OF	FACILITY	2050	er 10.1.	12.7	21204	
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WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHARLES

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31. DATE FILED (Month," Dely, Year) 32. REGISTRAR'S SIGNATURE 8

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DIVISION	

1 1	1. DECEDENT'S NAME (First, Middle, Last) HARRY E. COGLEY						2. DATE OF DEATH MONTH	199	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lesi		UNDER 1 YEA		7. DATE OF BIRTH (Month, Day, Year)	6.	BIRTHPLACE (State or Foreign	-
	218-01-0966 90. FACILITY NAME (If not institution, give	1 [XM 2 [] F	79	YRS.	THE DAY		08-17-19	11	Country) Maryland	
E E	13 Parkwood Road			9b.		n or location of udalk	DEATH	9c. COUNTY		
стоя	RESIDENCE OF DECEDENT				-] Ba	ltimore	
L DIRE		ltimore		10c. CITY, TO	idalk			10d. INSIDE CITY LIMITS? V 1 YES 2		
FUNERAL	13 Parkwood Road					21222		USA	OF WHAT COUNTRY?	
8	1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 N	O O	If yes,	DECENDENT OF HISP apecify Cuben, Mex (ES 2 NO Spe	ANIC ORIGIN? (Specify Young on Puerto Ricen, etc.)	on or No.— 14.	RACE — American Indian, Black, White, etc. Specify: White	
PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementery/Secondery (0-12) 8th Grade	JCATION a completed) College (1-4 or 5+	(Gh	CEDENT'S USU We kind of work of DO NOT use reto	AL OCCUPI done during ired.)	NTION most of working	16b. KIND OF BI	nem Sto		
TO BE COMPL	17. FATHER'S NAME (First, Middle, Last) Joseph Wonder Co	gley					NAME (First, Middle, Maide	n Sumeme)		
5	19a. INFORMANT'S NAME (Type/Print) Vera E. Cogley			13 Par	.kwo o c	d Road, E	of Route Number, City or To Baltimore,			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremetlon 3 Rem 4 Donatton 5 Other (Specify)		20b. PLACE A cemetery, cren DULAN	nd date of dinatory or other E	ley 1	Mem. Pk	7/5 Ba	ocation — city ltimor(or Town, State	
	21. SIGNATURE OF FUNERAL SERVICE LIE 28. PART I Priter the disesses, or	1/)			Dude	and address of	racility Nexal Home	of Duy	idalb Inc.	
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SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:				PLACE OF DEATH (C	theck only one)			
\(\sum	1 TYES 2 NO 27. MANNER OF DEATH	1 Inpatient 2 I	-	DOA 4	7	ome 5 Reeldence				
- P	1 Netural 5 Pending	(Month, Day	(Year)	28b. TIME OF INJURY	M 1	NJURY AT WORK? YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUR	ED	
ВУ Р	2 Accident Investigation 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State)									
ETED BY	3 Sulcide 6 Could not be 4 Homicide determined	building, e	tc. (Specify)				City or Town, State)	urai Houte Number,	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

BALTIMORE, MARYLAND 21203-3146

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DIVISION OF VITAL RECORDS, P.O. B	MENTAL OR ATTENDING PHYSICIAN: The law requires that the death certifical	FUNERAL DIRECTOR: After this certificate has been signed by the attending phy
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IMMEDIATE CAUSE (Final disease or condition resulting in death) BUE TO (OR AS A CONSEQUENCE OF): BUE TO (O		FOR 1 - STATE REGISTRAR	STATE OF MARYLA			HEALTH AND NOF DEATH	MENTAL HYGIE		18240
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Memory M		17. FATHER'S NAME (First, Middle, Last) Sol Lefkowitz				Jean	ette Appl	e	
28. METHOD OF DISPOSITION A Donation S Dither (Specify) Disposition Dispo									
Loring Byers Funeral Directors, Inc. 87.28 Liberty Road Randallstown, MD 21133		XX Buriel 2 Cremation 3 Removal	1 from State	other place)					
23. PART WETHER the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiretory arrest, abook, or heart felture. List only ons ceuse on each line. IMMEDIATE CAUSE (Pine) disease or condition resulting in death) Built To (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Pines) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Pines) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Pines) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Pines) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Pines) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): Cause, Enter UNDERLYING CAUSE (Pines) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS		21. SIGNATURE OF FUNERAL SERVICE LICENS John K Ag	see		Lor	ing Byers	Funeral D	irector dallsto	rs, Inc,
DUE TO (OR AS A CONSEQUENCE OF): Sequentially list conditions, if any, leading to immediate cause. Enter UNDERTYING CAUSE (Disease or Injury CA		ahock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition			not enter tha	mode of dying, suci	h aa cardlec or rea	piretory arrest	Approximate interval Between Onset and Death
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Neutral Neut	MEDICAL			ut not resulting	In the underl	ying ceuse given in	PERF	ORMED?	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Neutral Neut	ICIA		OSPITAL:		OTHER:				
2 Accident 3 Suicide 4 Homicide 5 Could not be determined 28e. PLACE OF INJURY — At home, farm, street, factory, office 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, dete and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)		27. MANNER OF DEATH 1 Metural 5 Pending	26a. DATE OF INJURY	26b. TtM	IE OF 28c.	INJURY AT WORK?		VINJURY OCCUP	RED
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	2 0	3 Suicide 6 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm,			261. LOCATION (Stree City or Town, Sta	et and Number or te)	Rural Route Number,
29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)	OMPLE	(Check only							
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	ш	(4) Bootons "	7,5			29c. LICENSE NUI	MBER	29d. DATE S	1 - 1

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

BOSTON

31. DATE FILSD WHOTH, Day, Year)

32. REGISTRAR'S SIGNATURE

Line Davidson—Rendard

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	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
R	CERTIFICATE OF DEATH	REG. NO.

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTM CERTIFIC				YGIENE EG. NO.			
1. DECEDENT'S NAME (First, Middle	Delores	Cothor	'n	35	2. DATE OF C	2 19	991 ^{EAR}	3. TIME OF DEATH	
4. SOCIAL SECURITY NUMBER 219-22-8815 90. FACILITY NAME (If not institution	1 🗆 M 2 💢 F	62 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.		NATTH (X. Year) 30–1928		Md	
3701 Spaulding	Avenue		Baltim		.ain	Ju. 001	JA11 OF 0E	Airi	
10e. STATE 10b. 0	COUNTY		own on locat timore	ON				10d. INSIDE CITY LIMITS? 1 X YES 2 NO	
3701 Spauldin				21215			JSA	HAT COUNTRY?	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	d I2. WAS DECEDENT EVE FORCES? 1 1 14 IF YES, GIVE WAR OF	S 2 XNO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexica 2 X NO Specify	n, Puerto Ricer	pecify Yea or No— n, atc.)	14. RACE Black Specif	- American Indian, White, etc. Black	
15. DECEDENT (Specify only higher Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of work life. Do NOT use re	done during mo-	N at of working	16b, KIN	ID OF BUSINESS/IN	DUSTRY		
17. FATHER'S NAME (First, Middle, L Stanley Taylor	ast)	18. MOTH							
190. INFORMANT'S NAME (Typo/Prin	nt)					city or Town, State, 2 e, Md 2121			
20e. METHOD OF DISPOSITION 1 A Burial 2 Cremetion 3 (4 Donation 5 Other (Specification) 21. SIGNATURE OF FUNERAL SERV	y)	of cemetary, crematory of Western S	tar Ceme	tery	7691	20c. LOCATION - Catonsv			
+ 4 orta	a Ebron	/	Mar	o address of FA Ch F/H Wes D Wabash A	t				
23. PART i. Enter the disease shock, or heart for iMMEDIATE CAUSE (Fine disease or condition reaulting in deeth)	a. LUNG		enter tha mo	da of dying, suc	h aa cerdiac	or reepiratory a	rrest,	Approximete interval Betwee Onset and Deat	
Sequentielly liet conditions, if any, leading to immediate cause. Enter UNDERLYING	nmediata								
CAUSE (Disease or injury that initiated events resulting in deeth) LAST	that initiated events DUE TO (OR AS A CONSEQUENCE OF):								
PART II. Other significant co	nditiona contributing to deat	h but not resulting in	tha underlying	cause given in		B. WAS AN AUTOPS' PERFORMED? YES 2 NO	7 24b.	WERE AUTOPSY FINDING AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
25. WAS CASE REFERRED TO MED EXAMINER?	HOSPITAL:		THER:	ACE OF DEATH (Ch		-50			
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pendir 2 Accident Investi	28a. DATE OF INJU (Month, Day, Ye.	1 Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF NURY WORK? WORK? M 1 YES 2 NO							
2 Accident Investor 3 Suicide 6 Could 4 Homicide detarm	not be 26e. PLACE OF INJ building, atc. (26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Rou City or Town, State)							
and and	G PHYSICIAN: To the best of my k) and manner as atated.	
286. SIGNATURE AND TITLE OF CO	Johnt MD	DEATH (ITEM 27) (Type, Pi	rint)	29c. LICENSE NU	MBER 34 (M	1) 29d. Di	7/S	(Month, Day, Year)	
24.35. W.	BEZUERAN P	NE & B	14/4	Md (1/2/5	_	,		
31. DATE FILED (Month, Day, Year)	1991 3	(Morris of the							

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DIRECTOR

FUNERAL

BY

COMPLETED

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CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE

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Aaron Green,

31. DATE FILED (Month, Day, Year)

JUL 08 1991

M.D

wha Davidson

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR 1 -CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH 3. TIME OF DEATH COMPTON 1991 Jüly 11:57 PM Lawrence 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign March 21, 1899 PA. DAYS HOURS 92 183-07-1742 1 XM 2 F YRS 9a. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Baltimore Baltimore Franklin Square Hospital RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10a. STATE 10h COUNTY Md. BAltimore Middle River 1 TYES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 16 Blister Street 21220 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. If yes, specify Cuban, Maxican, Puerto Rican, atc.)

1 YES 2 NO Specify: 1 Never Married 2 Married IF YES, GIVE WAR OR DATES Specify White 3 XWidowed 4 Divorced 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY lary (0-12) College (1-4 or 5+) 6th MArtin's Factory Worker 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Melden Surname) George W, Compton Jennie Fry 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 106ShellCoveCourt Joppa Md. 21085 William Compton 20a, METHOD OF DISPOSITION
1 XBuriel 2 Cremation 3 Removal from State 20b. PLACE ANO DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State OATE of of HoloTy HITT face Cemetery 7/8/91 Baltimore MD. 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 one 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest, shock, or hear failure. List only one cause on each lina. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition Severe Malnutrition reaulting in death) DUE TO (OR AS A CONSEQUENCE OF): Dehydration Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TES 2 NO 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? V HOSPITAL:
1 Inpatient 2 ER/Outpatient 3 DOA OTHER: ng Home 6 - Residence 6 - Other (Specify) 4 🗆 Nu 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 X Natural 5 Pending M 1 YES 2 NO 2 Accident Investigation 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be determined 4 🔲 Homicide 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) 14 N/A 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin Square Drive Baltimore, MD 21237

DIVISION OF VITAL RECORDS, P.

	FOR 1 - STATE REGISTRAR	STATE OF MARY		RTMENT OF H		ENTAL HYGIEN REG. NO.	E			
	1. DECEDENT'S NAME (First, Middle, Laet)	F. Co	OVE			2. DATE OF DEATH	"3 9"	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUMBER 214-16-8608		73 YRS.	# UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) MARYLAND		
~	9e. FACILITY NAME (If not institution, give a				R LOCATION OF DEA		9c. COUNTY			
DIRECTOR	BALTIMORE COUNT	Y GENERAL H	OSPITAL	RAN	DALLSTOWN		BA	LTIMORE		
IREC	10a. STATE 10b. COUNT	Υ	10c. CIT	TY, TOWN OR LOCAT				10d. INSIDE CITY		
	MARYLAND 100, STREET AND NUMBER			BALTIMO	RE ZIP CODE		10a. CITIZEN	1 XYES 2 □ NO OF WHAT COUNTRY?		
ERA	909 OAKDENE	ROAD			21220)		USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2V NO	If yes, sp	ENOENT OF HISPANIC ecity Cuben, Mexicen, 2 NO Specify:	C ORIGIN? (Specify Yee Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: WHITE		
ED	15. DECEDENT'S EDU (Specify only highest grade	ICATION e completed)		USUAL OCCUPATION		16b. KIND OF BUS	SINESS/INDUST	RY		
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	Iffe. Do NOT u	ANCE AGE		TMS	URANCE			
OMF	12TH 17. FATHER'S NAME (First, Middle, Last)		INSUR	ANCE AGE	_	E (First, Middle, Maiden				
BE C	WILLIAM COLE				FRA	NCES FUSS				
TO E	190. INFORMANT'S NAME (Type/Print) KATHLEEN WARNER					NISTER, M		157		
	20e. METHOD OF DISPOSITION 1 TO Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	SITION (Name of cer			ALTIMORE, MARYLAND					
	21. SIGNATURE OF FUNERAL SERVICE LE		// KID	22. NAME AT	ND ADDRESS OF FAC	LITY				
	· a all	an Seit	teld			JR. FUNE		, MD. 21211		
	23. PART I. Enter the diseases, or abook, or heart fellure.	complications that cause or	sed the death. Do					Approximata Interval Between		
	iMMEDIATE CAUSE (Final disease or condition resulting in death) a. METASTATIC SMALL CELL Onset and Death									
,	DUE TO (OR AS A CONSEQUENCE OF): LUNG CANCER									
OIT	Sequentially list conditions, If any, leading to immediate									
<u>∑</u>	CAUSE (Disease or Injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):									
CERTIFICATION	resulting in death) LAST									
	PART II. Other algnificant condition	na contributing to death	h but not resulting	In the underlyin	a cause alven in F	Part I. 24a. WAS AN	AIFTOPSY	24b. WERE AUTOPSY FINDINGS		
ICAL	DEHYDRA	TION		in the anadrym	g caase given in t	PERFOR	RMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE		
MEDIC							. LI NO	OF DEATH? 1 YES 2 NO		
N.										
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Chec					
HYS	1 YES 2 NO 27. MANNER OF DEATH	1 ☐ Inpatient 2 ☐ ER/0	RY 28b. TII		JURY AT DRK?	28d. DESCRIBE HOW I	INJURY OCCUR	ED		
ВУ Р	1 Natural 5 Pending	(Month, Day, Yea	ir) IN		YES 2 NO					
	2 Accident Investigation 3 Suicide 6 Could not be determined 4 Homicide determined 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)									
12										
MPLETE	4 Homicide determined 29a. CERTIFIER (Check only only only only only only only only	BICIAN: To the best of my kr								
BE COMPLETED	4 Homicide determined 29a. CERTIFIER (Check only only only only only only only only	SICIAN: To the best of my kr				ime, date and place, er	nd due to the c	ause(e) end manner es stated.		
	4 Momicide determined 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYS CHECK Only 2 MEDICAL EXAMIN	BICIAN: To line best of my kr IER: On line best of examina	ation and/or investigat	ion, in my opinion, c	29c. LICENSE NUM	ime, date and place, er	29d. DATE SI	GNED (Month, Day, Year)		

32. REGISTRAR'S SIGNATURE
a Day doon funda 12

JUL 08 1991

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp 70 THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hydere prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	YLAN	by the hos	t be detache	at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE DIVISIONS PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may no THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 6 may be filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must b	, MAR	be retained	ge 5 should	e notified
BALTI: DIVISION OF VITAL RECORDS, P.O. BOX 68760, BY THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. P. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral to filled within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatte event, the medical examine	MORE	це 6 тау	director, pa	er must b
DIVISION OF VITAL RECORDS, P.O. BOX 68760, EDIVISION OF VITAL RECORDS, P.O. BOX 68760, EDIVISION OF VITAL BY RECORDS, P.O. BOX 68760, EDIVISION: The law requires that the death certificate be executed within 24 hours after this certificate has been signed by the attending physician and completely filled in by the filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removing MPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical	BALTI	er death. Pe	he funeral al	examine
DIVISION OF VITAL RECORDS, P.O. BOX 68760, 1977HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 23 TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fine find within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, th		nours after	lled in by the	e medica
DIVISION OF VITAL RECORDS, P.O. BOX 68' 1977HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed to THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and coeffied within 72 hours after death with the State Dept. of Health and Mental Hyghene prior to bunis IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic	760,	ed within 24	ompletely fi	event, th
DIVISION OF VITAL RECORDS, P.O. B TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending phys be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene p IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other	OX 68	be execut	ician and c	traumatic
DIVISION OF VITAL RECORDS, 1977HE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deat OT THE LUNERAL DIRECTOR. After this certificate has been signed by the attine filed within 72 hours after death with the State Dept. of Health and Mental IMPORTANT: If 16m 28 is marked, or 11em 23 shows any injury,	P.O.B	h certificate	anding phys Hyglene p	or other
DIVISION OF VITAL RECO TOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the TOTHE FUNERAL DIRECTOR: After this certificate has been signed be filled within 72 hours after death with the State Dept. of Health IMPORTANT: If Hem 28 is marked, or Hem 23 shows an	RDS,	at the deat	by the att	ıy injury.
DIVISION OF VITAL DIVISION OF VITAL BOTHE HOSPITAL OR ATTENDING PHYSICIAN: The law TO THE FUNERAL DIRECTOR: After this centificate has be filed within 72 hours after death with the State Dept IMPORTANT: If item 28 is marked, or item 23	RECO	requires th	een signed of Health	shows an
DIVISION OF V TO THE HOSPITAL OR ATTENDING PHYSICIA TO THE FUNERAL DIRECTOR: After this certific office within 72 hours after death with the IMPORTANT: If Item 28 is marked, or	/ITAL	N: The law	State Dept.	item 23
DIVISION POTHE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: After dea the within 72 hours after dea IMPORTANT: If Nem 28 is m	NOF	3 PHYSICIA	er this certi	arked, or
DIY THE HOSPITAL OR TO THE FUNERAL DIR DE filed within 72 hour	VISIO	ATTENDIN	ECTOR: After s after dea	п 28 is m
TO THE FUNDS FINE FUND	D	SPITAL OR	VERAL DIRI	VT: If item
	2	THE HOS	THE FUN	MPORTA

VESSTE LEE DONALDSON 1.0 m. 2 pt. A AGE, may mis with promoting Explicit 1344 Building 3 min 2.0 min 2.0 min 2.4 min 2		1 - STATE REGISTRAR	STATE OF MARYL		NT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	. 10244			
TOTAL TABLE PROCESSES OF DESCRIPTION OF THE ACT OF THE STATE OF THE ST		DECEDENT'S NAME (First, Middle, Last)		DONALDSON			YEAR 3. TIME OF DEATH 9/ 7055 M			
TREATMENDED OF DECEROARY MARYLAND BALTIMORE SOCITITY TOWN ON LOCATION BALTIMORE SOCITITY TOWN ON LOCATION BALTIMORE SOCITITY TOWN ON LOCATION TO LIGHT STATE MARYLAND BALTIMORE SOCITITY TOWN ON LOCATION TO LIGHT STATE MARYLAND TO LIGHT STATE		244-32-2474	1 🗆 M 2 💢 F	66 YRS. MONT	HS DAYS HOURS MIN.	(Month, Dey, Year) 2-26-1925	NORTH CAROLINA			
STREET AND HAMBERS 1 PLATT LANE 2 21219 11. MAND DECEMBERS OF WEST COUNTRY 11. MAND LAST LANE 2 1219 11. MAND DECEMBERS OF WEST COUNTRY 11. MAND LAST LANE 3 Married 3	TOR	FRANCIS SCOTT KE		3.5			UNITY OF DEATH			
The stands of the process of the pro	DIREC	10e. STATE 10b. COUN		10c. CITY, TOV		MERE				
The December of December Bouchton Price of the Composition of Security (WHIT) 18. DECEMBER BOUCHTON December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	VERAL	1 PLATT LANE		. 6						
TRAINS CREEKEN THE STANDARTS MAKE (PSOPPHING) THE STANDARTS	BY	1 Never Merried 2 Merried	FORCES? 1 YES	2 X NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxica 1 YES 2 A Specif	IIC ORIGIN? (Specify Yea or No- n, Puerto Rican, etc.) v:	Black, White, etc.			
TRAIN CREEN 19. MALING ADDRESS Covered and Number of Paul Polar Number Of by Part. State, 25 Cook) 1 PLATT LANE BALTIMORE, MARYLAND 21219 20. PLACE AND DATE OF DISPOSITION (Paules) 1 DORNALDS ON 20. PLACE AND DATE OF DISPOSITION (Paules) 20. PLACE AND DATE OF DISPOSITION (Paules) 20. PLACE AND DATE OF DISPOSITION (Paules) 21. DORNALDS OF PAULES AND ADDRESS COVERED OF PAULES COVERED OF PAULES AND ADDRESS COVERED OF PAULE	PLETED	(Specify only highest grad Elemantary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of work di life. Do NOT use retin	one during most of working ad.)	16b. KIND OF BUSINESS/IN				
The second is name; (spoems) Substitute		FRANK GREEN			ESTHE	ER VAN HOY				
TOTAL TOTAL CENTER OF PURPOSE LICENSES DATE OF PURPOSE SERVICE LICENSES		EUGENE P. DONALD.				MORE, MARYLAND	21219			
DUDY TO GR AS A CONSEQUENCE OF: DUE TO GR AS A CONSEQUENCE OF		4 Donation 6 Other (Specify)		AK"LAWN"CE	METERY 7-5-19	991 BALTIMO	RE, MARYLAND			
IMMEDIATE CAUSE (Field disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CO		DUDA-RUCK FUNERAL HOME OF DUNDALK, INC.								
PART II. Other algrificent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	ERTIFICATION	shock, or heert feliure IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initieted events	a. SPITO DUE TO (OR AS b. Chronic DUE TO (OR AS c. Snoki)	A CONSEQUENCE OF): A CONSEQUENCE OF):			Interval Between			
2 Accident 3 Suicide 4 Homicide 28a. PLACE OF INJURY — At home, farm, street, factory, office 28b. PLACE OF INJURY — At home, farm, street, factory, office 28c. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 28c. CERTIFIER 28c. CERTIFIER 3 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as at the sign of examination and/or investigation.	AL	PART II. Other algnificent condition	one contributing to deeth i	but not reaulting in th	e underlying ceuse given in	PERFORMED?	AVAILABLE PRIOR TO COMPLETION OF CAUSE			
2 Accident 3 Suicide 4 Homicide 25a. PLACE OF INJURY — At home, farm, street, factory, office 4 Homicide 25c. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 25c. CERTIFIER 3 MEDICAL EXAMINER: On the basis of examination analysis investigation, in my opinion, death occurred at the time, data and place, and due to the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and due to the cause(s) and due to the cause(s) and manner as at the state of the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and manner as at the state of the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and manner as at the state of the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and due to the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and manner as at the state of the cause(s) and the cau	ICIAN	EXAMINER?	HOSPITAL:		HER:					
29s. CERTIFIER 1 CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. Sign. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	В	1 VES 2 NO 1 Interior 2 ER/Outpettent 3 DOA 4 Nursing Home 6 Residence 6 Other (Specify) 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY 28s. INJURY AT WORK? 1 YES 2 NO 28s. DESCRIBE HOW INJURY OCCURED 28s. DATE OF INJURY (Month, Dey, Year) 28s. DATE OF INJURY AT WORK? 1 YES 2 NO 28s. DESCRIBE HOW INJURY OCCURED 28s. DATE OF INJURY At home, farm, street, factory, office building, etc. (Specify)								
29d. DATE SIGNATURE AND TITLED (Month, Day, Year) 29d. DATE SIGNATURE 29d. DATE SIGNED (Month, Day, Year) 29d. DATE SIGNED (Month, Day, Year) 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	OMPLET	29e. CERTIFIER 1 CERTIFYINO PHY								
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE	BE	1-401X	2001	JAMES OF THE STOCKER PRINTED	01514		ATE SIGNED (Mogth, Day, Year)			
The state of the s)	32. REGISTRAR'S SIG	NATURE			1 /			

18245 91

1 - STATE REGISTRAR	
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYCIENE

CARROLL SOCIAL SECURITY NUMBER 212-94-622 a. FACILITY NAME (If not Institution, give at RANCIS SCOTT KEY RESIDENCE OF DECEDENT 1096. STATE 1996. COUNTY	5. SEX 6. AGE	DUPI	REE			TE OF DEATH	77 1	994	12:56 A
212-94-6222 a. FACILITY NAME (W not institution, give at RANCIS SCOTT KEY) RESIDENCE OF DECEDENT	2	0	IF UNDER 1 YE		\rightarrow				
RANCIS SCOTT KEY		O YRS.	MONTHS DA		IIII. (N	onth, Day, Year)		Country	PLACE (State or Foreign
		TER		WN OR LOCATION	OF DEATH		9c. COL	JNTY OF DI	
Md .			y, town or Li ltimo:	re City	7				10d. INSIDE CITY LIMITS? 1 YES 2 NO
1840 E. Fayet	te St.			101. ZIP CODE 21231			10g. CIT	USA	HAT COUNTRY?
I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	2 NO	If yes	DECENDENT OF H s, specify Cuban, it YES 2 NO	fexican, Pua		s or No—	Black	- American Indian, White, etc.
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of ilfa. Do NOT us COOK	USUAL OCCUI work done durin se retired.)	PATION g most of working		16b. KIND OF BU	otel	DUSTRY	
r. FATHER'S NAME (First, Middle, Lest) Clauzell Baile	ey.					el Dup:			
os. INFORMANT'S NAME (Type/Print) Chantel Johnso	n	196. MAILING 184	O E.	reet and Number or Fayette	Aural Route I	Number, City or To Balto	on, State, Z	d • 2	1231
0a. METHOD OF DISPOSITION Burial 2 Cremation 3 Remo	oval from State	ob. PLACE AND DATE of cemetary, crematory Cedar H.	or other place)	1			Arun	wn, State
1. SIGNATURE OF FUNERAL SERVICE LIC		0-	DO	uglass 01 McCi	Fune	eral S			
Sequentially list conditions, f any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE O	PF): PF):	XICATIO	N				
that initiated events resulting in deeth) LAST	d	A CONSCOURCE O	rr).						
PART II. Other algoliticant condition	a contributing to death	but not resulting	in the under	riying cause giv	en in Part		RMED?	7 24b	WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 PYES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER? 4-12 YES 2 \(\subsection \text{NO} \)	HOSPITAL:	stpatient 3 DOA	OTHER:	Home 5 Resid					
7. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26a. DATE OF INJURY (Month, Day, Year) 7-6-91	7 28b. TIR	WE OF 284	C. INJURY AT WORK?	28d	DESCRIBE HOW			DRUGS
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJUI building, etc. (Se UN KNOWN)	RY — At home, farm, pecify)	street, fectory,	office		LOCATION (Stree City or Jown, Stat UNKNOWN	t and Numb		
one)	CIAN: To the best of my kno								a) and manner as stated.
96. SIGNATURE AND TITLE OF CERTIFIE	Som			29c. LICENS	OCME		29d. D/		(Month, Day, Year)
	D COMPLETED CAUSE OF	DEATH (ITEM 27) (Type	e, Print)				1 0		2, 1551
O. NAME AND ADDRESS OF PERSON WH	1 1		111	PENN S'	TREET	RATTT	MODE	MADV	LAND 21201

THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 -

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last)				,	2. DATE OF DEATH MONTH D	AY YEAR	3, TIME OF DEATH
MARGARE	T 5	1	DIRTO	N		4 91	07:00
4. SOCIAL SECURITY NUMBER 215-22-9984	5. SEX	6. AGE (In yrs. last b	YRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 1 /- 20 - /		ITHPLACE (State or Foreign Intry)
9a. FACILITY NAME (If not institution, give s St Agnes Hos RESIDENCE OF DECEDENT	nteet and number)		96. CITY, Ba	TOWN OR LOCATION OF		9c. COUNTY OF	DEATH
10a. STATE 10b. COUNTY			10c. CITY, TOWN O	R LOCATION			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
10a. STREET AND NUMBER 3109 W. Bel	vedere	Ave	1)41	101. ZIP CODE 2/2/5	_	10g. CITIZEN O	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	T EVER IN U.S. ARMI YES 2 NO PAR OR DATES		NAS DECENDENT OF HISP I yes, specify Cuban, Maxi YES 2 NO Spec	can, Puerto Rican, etc.)	BI	ACE — American indian, ack, White, etc. pecify: Blade
1s. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 -	(Give	EDENT'S USUAL OO h kind of work done o no NOT use retired.)	CCUPATION furing most of working	16b. KIND OF BU	SINESS/INDUSTRY	
17. FATHER'S NAME (First, Middle, Last) John Smith				18. MOTHER'S A	AME (First, Middle, Melden	Surname)	
Willie Dirton	Sr	190.	MAILING ADDRESS	Belveders	al Route Number, City or Tow Ace E	n State, Zip Code)	d 21215
20a. METHOD OF DISPOSITION 1 Durial 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	~		regatory of other p		17991 LG	cation - city or	Md State
21. SIGNATURE OF UNERAL SERVICE LI	Coron		4	MAME AND ADDRESS OF MACHAE	H. West	ch de	e.
MMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. Se DUE TO	(OR AS A CONSEOU (OR AS A CONSEOU (OR AS A CONSEOU (OR AS A CONSEOU	JENCE OF):	dosis			Onset and De
PART II. Other significent condition Acute Cardac	Renal		4	derlying cause given		RMED?	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER	26. PLACE OF DEATH (Check only one)		
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28e. DATE Of	ER/Outpatient 3 [INJURY lay, Year)	26b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	e 6 ☐ Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED)
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE (building,	of INJURY — A1 hometc. (Specify)	ie, farm, street, fect	ory, offica	28f. LOCATION (Street City or Town, State		ral Route Number,
onel only				ime, data and place, and d			ne(a) and menner as stated
29b. SIGNATURE AND TITLE OF CERTIFIE	Holice		٥,	29c. LICENSE N	NUMBER	29d. DATE BIGN	NED (Month, Day, Year)
30 NAME AND ADDRESS OF PERSON WI	,						
31. DATE JUL 10 8 1991	guna Da	HIGGON-HONG	Less				

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunlat-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to bunial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTI				YGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Lest) THOMAS	ТНО	MAS M. De	VAN		2. DATE OF MONTH	DEATN DAY	199)	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (F UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF (Month) De	BIRTN By March	8. BIR	ITNPLACE (State or Foreign intry)
	218-28-7404	0€ M 2 □ F 5	8 YRS.	ONTHS DAYS	HOURS MIN.	Aug.	6, 1932		ryland
_	9a. FACILITY NAME (If not institution, give at	treet end number)	9	b. CITY, TOWN O	R LOCATION OF	DEATH	9c.	COUNTY OF	DEATN
P 0	Franklin Square	Hospital		Rossvil	le		I	Baltim	nore
딥	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	1	10c, CITY, 1	TOWN OR LOCAT	ION				10d, INSIDE CITY
DIRECTOR	Maryland Balti	more	Per	ry hall					LIMITS? 1 ☐ YES 2 ☑ NO
	10e. STREET AND NUMBER	.moze	1.01		ZIP CODE		100	. CITIZEN O	F WHAT COUNTRY?
ER/	5 Fox Hill Ct.				21128			U.S.A	
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 Yes IF YES, GIVE WAR OR D. Korean	ATES	If yes, spe	ENDENT OF NISPA celty Cuban, Mexic 2 NO Spec	an, Puerto Rica		Sp	ACE — American Indian, ack, White, etc. secily:
	15. DECEDENT'S EDU	CATION	16a DECEDENT'S US	BUAL OCCUPATION	N	16b, Kil	NO OF BUSINES		
	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	(Give kind of wor	k done during mos	at of working				
집	12	2	Builder			De	evelopm	nent	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)			13	16. MOTNER'S N	AME (First, Midd	tle, Meiden Sumi	eme)	
BEC	John DeVan		1993		Sarah	Mullen			1
10 8	19a. INFORMANT'S NAME (Type/Print) Dorothy DeVan			as #10	nd Number or Rura	l Route Number,	City or Town, Sta	ete, Zip Code)	
	20a, METNOD OF DISPOSITION 1	oval from State	cemetary crematory or ruid Ridge	other place)		OATE / OIT	20c. LOCATIO	ON — City or	
	21. SIGNATURE OF FUNERAL SERVICE LIC		ruru Krug		D APPRESS OF F		al Home	, Inc	•
	· Michaels	Buck	-	1050	York R	d., Tov	vson, M	ld. 21	
	23. PART i. Enter the diseases for shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on a	ach lina.		. (8)	ich aa cerdied	c or reapirato	ry arrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS A	A CONSEQUENCE OF):						
	PART ii. Other aignificant condition	ns contributing to deeth b	out not resulting in	the underlying	cause given i	n Part I. 24	In. WAS AN AUT	OPSY :	24b. WERE AUTOPSY FINDINGS
BY PHYSICIAN: MEDICAL		Mas					PERFORMED	17	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. PL	ACE OF DEATH (Check only one)			
Sic	EXAMINER?	HOSPITAL: 1 Inpatient ER/Out		OTHER:	e 5 🗆 Residence	e 8 🗆 Other (S	Specify)		
у РНУ	27. MANNER OF DEATH Natural 5 Pending Accident Investigation	280. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	OF 28c. INJ		7	IIBE NOW INJUI	RY OCCURED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURN building, etc. (Spe	Y — Ai home, farm, str cify)	eet, factory, offic			ON (Street and h Town, State)	lumber or Rui	rai Route Number,
COMPLETED	and only	ICIAN: To the best of my know ER: On the basie of examination							se(e) end manner ee stated.
TO BE	Son GENT DERTIFIE	DotoTure dic	al BANGUE		29c. LICENSE N	UMBER 1680	29	July	NEO (Morith, Day, Year)
	30. NAME AND ADDRESS OF PERSON WIN	elsonbers NO	EATN (ITEM 27) (Tybe, F	Cha	2000	2202		/	,
1	31. DATE FILED (Month Day, Year)	32. REGISTBAR'S SIGN							

BALTIMORE, MARYLAND 21215-0020	4 hours after death, Page 6 may be retained by the hospital or attending physician.	D THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlal-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	e medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fut be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIEN 9 1 * 18248

REGISTRAR	CER	RTIFICATE OF DEAT	HEOOD REG. N	0.	THE DAK			
1. DECEDENT'S NAME (First, Middle, Lest)			2. DATE OF DEATH	DAY YEAR	3. TIME OF DEATH			
KENNETH LEC	DORSEY		JULY	1 1991	4:07 a.m.			
4. SOCIAL SECURITY NUMBER 219-70-008	5. SEX 1 M 2 F 6. AGE (In yrs. last bir	YRS. IF UNDER t YEAR IF UNDER 2: HOURS HOURS	MIN. 7. DATE OF BIRTH (Month, Day, Year)	Coun	HPLACE (State or Foreign try)			
9a. FACILITY NAME (If not institution, give s	treet and number)	9b. CITY, TOWN OR LOCATION	N OF DEATH	9c. COUNTY OF	DEATH			
THE JOHNS HOPKIN	S HOSPITAL	BALTIMORE CI	TY	BALTIMO	RE CITY			
THE JOHNS HOPKIN	1	10c. CITY, TOWN OR LOCATION BATTIMOR'S	- City		10d. INSIDE CITY LIMITS? 1 YES 2 NO			
10e. STREET AND NUMBER 16 31 Nr. WAS 11. MARITAL STATUS 1 Navyer Married 2 Married	hington st.	101. ZIP CODE	13	10g. CITIZEN OF	WHAT COUNTRY?			
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ARMEI FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES		HISPANIC ORIGIN? (Specify) Mexican, Puerto Rican, etc.) Specify:	tea or No— 14. RAG Ble Spe	CE - American Indian, ok, White, etc.			
		DENT'S USUAL OCCUPATION	16b. KIND OF B	USINESS/INDUSTRY	Din of			
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+) (Give in the Do	kind of work done during most of working on NOT use retired.) ABBRER						
15. DECEDENT'S EDU (Specify only highest practe Elementary/Secondary (0-12)	00 /	· · · · · · · · · · · · · · · · · · ·	ER'S NAME (First, Middle, Maide	on Surname)				
ERN-est-De	KZEV	1-11	he White	jela				
19e. INFORMANT'S NAME (Type/Print)	3e4 16	MAILINO ADDRESS (Street and Number of 31 N. WAS NINGTE	1 1	own, State, Zip Code) 6 Md,	21213			
20a. METHOD OF DISPOSITION 1 Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	novel from State of cemetary cre	INDIDATE OF DISPOSITION (Name	M. 7/6/9: C	ATONS VI	Town, State			
21. SIGNATURE OF FUNERAL SERVICE LI		22 NAME AND ADDRESS	ROWN CON	muditi	F/H			
1 Sme ?	I Marion	1206 43	North AV	-	, , , ,			
Sequentieity list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (OR AS A CONSEQUE DUE TO (OR AS A CONSEQUE C. DUE TO (OR AS A CONSEQUE	thatis bacterial per	itoniti	-	1989			
PART II. Other significent condition	dns contributing to death but not res	sulting in the underlying couse gi		ORMED?	IIb. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DE	ATH (Check only one)					
EXAMINER?	HOSPITAL: 1	OTHER:	sidence 6 Other (Specify)					
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF 28c. INJURY AT WORK?	28d. DESCRIBE HON	V INJURY OCCURED				
1 Natural 5 Pending (Month, Dey, Year) INJURY WORK? 2 Accident Investigation M 1 YES 2 NO								
2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide detarmined	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, term, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							
(Critical Orliny	SICIAN: To the best of my knowledge, death ER: On the besia of axamination and/or inv				r(s) and menner as stated.			
	1) 1/1	29c. LICE	NSE NUMBER	29d. DATE SIGNI	ED (Month, Pay, Year)			
30. NAME AND ADDRESS OF PERSON W	hn to stood	MU	12174	> 7	11/91			
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF DEATH, (ITEM :	ns Hapkins Ho	spital	/	(
31. DATE FILED (Month, Day, Wort)	32. REGISTRAR'S SIGNATURE	00	1					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BRIAN

31. OATE FILED (Month, Day, Your)

JUL 08 1991

C

	1. DECEDENT'S NAME (First, Middle, Last)		DISCOR	~			DEAT		MONTH		DAY	1491	3. TIME OF DEATH	
		1	DESSE						201		3	-	X:46 P	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		MONTHS	DAYS	HOURS	MIN.		OF BIRTH o, Day, Year)		Count	ntry)	
			82	YRS.					7	31	08		ACE - American Indien, lack, White, atc. White Y addise MD Inc.	
OR	90. FACILITY NAME (If not institution, give Union Memorial Ho						OR LOCATI	ON OF D	EATH			ity	DEATN	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Maryland Cit				ry, town or timor		TION						LIMITS?	
	10a. STREET AND NUMBER	Da. STREET AND NUMBER					10f. ZIP CODE				10g. CI	CITIZEN OF WHAT COUNTRY?		
ER/	2414 Taney Rd.					2	1209					USA		
BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE V	NT EVER IN U.S. / W YES 2 MAR OR DATES W 2	ARMED NO	- 11	yes, sp		ın, Mexica	en, Puerto F		Yes or No-	Black, White, atc. Specify:		
0	15. DECEDENT'S ED		16a. I	DECEDENT	S USUAL OC	CUPATION	ON		16b.	KIND OF	BUSINESS/II	NDUSTRY		
H	(Specify only highest grad Elementary/Secondary (0-12)	College (1-4 or 5	+)		work done duse retired.)	unng mo	ast or world	rng		• -				
AP.	12		M	ercha	int				G	en'l.	. Mer	chand	iise	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)										den Surname))		
BE (Solomon Desser						He	1en	Cohe	n				
10	19e. INFORMANT'S NAME (Type/Print)				G ADDRESS									
-	David Desser			20 De	er Cr	oss	Ct.	, Re	iste	rstov	vn, M	D 21	1136	
								AND DATE OF DISPOSITION (Name Crematory or other place)						
	4 Donation 5 Other (Specify) Beth Jacob Cemetery Finksburg, MD										MD			
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Hebrew Memorial Funeral Home, Inc. 1100 Reisterstown Road, Balt. MD 2120									T				
				deeth De	1	100	Rei	ster	stow	n Roa	ad, Ba	alt.	MD 21208	
	23. PART I. Enter the diseases, or shock, or heart failure immediate CAUSE (Final disease or condition resulting in death)	complications the List only one ca	at caused the	ne.	not enter	the mo	Rei	ster	stow:	n Roa	ad, Ba	alt.	MD 21208 Approximate interval Between Onset and Deat	
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DEATH (ITEM 27) (Type, Print)

30 REGISTRAR'S SIGNATURE Julia Davidson-Handell

302

6.

WALLACE

DHMN-18 Rev 1/89

BATIMORE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR										
George A. Eng						2. DA	TE OF DEATH	DAY	99**	3. TIME OF DEATH
							- 4		31	
4. SOCIAL SECURITY HUMBER 220-07-0263	1, G(M 2 □ F	75	The Branchise	UNDER 1 YEAR ITHS DAYS	IF UNDER 24 / HOURS N	#s. 7. DA /M 5	TE OF BIRTH onth, Day, Year) 29	and the second second	Country	PLACE (State or Fine consin
Greater Balto, M MEBIDENCE OF DECEDENT		ter	96.	CITY, TOWN	Towson	OF DEATH		CALCADIO	alte	
10a, STATE 16b, COUN			10e. CITY, TO	WW OR LOCA	KTION				T	10d. INSIDE CITY
Maryland B	alto.		Toy	sen,						1 YES 2 N
302 East Jop	pa Rd.			1	M. ZIP CODE 21	204		100	J.S.A	HAT COUNTRY?
11. MARITAL STATUS 1. Never Married 2 Married 2 Divorced	12. WAS DECEDENT E FORCES? 1 : IF YES, GIVE WAR	YES 2 NO	ED	If yes, s	CENDENT OF H pecify Cuban, N S 2 (XNO)	exicen, Puer	GINT (Specify to Ricen, etc.)	Yes or No-	14. RACE	- American Indian White, etc.
15. DECEDENT'S ED (Specify only highest grad	UCATION Re compleme(i)	16a. DECE	DENT'S USU	AL OCCUPAT	ION out of working	13	66. KIND OF E	USINESS/INC	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	and the state of t			Publis	iner	Rone	dix Ra	dia	Corn
TZ. FATHER'S NAME (First, Alloche, Leaf)		Libert	ager 1	.com,			t Affordin Maid		IGTO	corp.
Edward F. E	ngelbert					lara	M.	Gruen		
THE INFORMANT'S NAME (TypesTrint)	1 h a set				and Number or I				Cook)	
Erwin H. Enge	1	20b_PLACE AN		THE RESERVE AND ADDRESS OF THE PARTY OF THE	Ct. T			21204 OCATION —	Car	un film-
1. Burtel 2 Definetion 3 Res	novel from State	In Vanes	atory or other p	Worl-	E DAY	100	100 (1			
, , ,	CENSEE / /	77	y var	22. NAME A	ND ADDRESS	F FACILITY				Power of
21. SIGNATURE OF PUNERAL SERVICE A	1111	1 /					300			
DO ALL	Shale)	K		Ruck	Towson	Fune		York		21204
23. PART (Enter the diseases, or	complications that ca	aused the deat	h. Do not e	Ruck	Towson	Fune	eral He	ome .	Inc.	
23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one cause	on each line.		inter the m	Towson	Fune	eral He	ome .	Inc.	Approximat Interval Bet Onset and I
23. PART I. Enter the diseases, or shock, or heart failure.	a. Res	aused the deat on each line.	Fai	Ruck	Towson	Fune	eral He	ome .	Inc.	Approximat Interval Bet Onset and
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23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO IOR DUE TO IOR DUE TO IOR DUE TO IOR	AS A CONSEQUE	ENCE OF):	Syn.	ode of dying,	such as co	eral He erdiac or res	piratory arr	Inc.	Approximat Interval Bet Onset and I 2 w 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
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BALTIMORE, MARYLAND 21215-0020 OR ATTENDING PHYSICIAN. The taw requires that the death certificans be executed within 24 mours after death. Page 6 may be entained by the hospital or attending by the London Death and Completely filled in by the funeral director, page 5 should be detained for use as the bours after death with the State Dept of Health and Medial Hydrene prior to burial, cremitation, or removal.

If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

DHMH-16 Rev 1/89

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permit. Pages 1, 2, 3 should

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	, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours at	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by	
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	8	JIRE	
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31. DATE FILED (Month, Day, Year)

1. DECEDENT'S NAME (First, Mary 4. SOCIAL SECURITY NUMBE 213-01-5593 90. FACILITY NAME (# not ins Pikesville Nesidence of Dec 100. STATE Maryland 100. STREET AND NUMBER 31 Tent Mill 11. MARITAL STATUS	Eliza ER Itilution, give stre	5. SEX 1 M 2 F	lkin				7/	2. DATE OF DEATH	DAY	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213-01-5593 90. FACILITY NAME (If not ins Pikesville N RESIDENCE OF DEC 100. STATE Maryland 100. STREET AND NUMBER 31 Tent Mill	etitution, give stre	5. SEX 1 M 2 F						I MONTH I	MV		
213-01-5593 90. FACILITY NAME (# not ins Pikesville N RESIDENCE OF DEC 100. STATE Maryland 100. STREET AND NUMBER 31 Tent Mill	ursing	1 _ M 2 K F	6. AGE (In yrs.				- Sun Ci	July 4,	1991	1 2 3 1	5:15 a.m.
90. FACILITY NAME (If not ins Pikesville N RESIDENCE OF DEC 10a. STATE Maryland 10o. STREET AND NUMBER 31 Tent Mill	ursing			last birthday)	IF UNDER 1		IF UNDER 24 HRS.	7. DATE OF BIRTH		8. BIRTI	HPLACE (State or Foreign
90. FACILITY NAME (If not ins Pikesville N RESIDENCE OF DEC 10a. STATE Maryland 10o. STREET AND NUMBER 31 Tent Mill	ursing	at and number	79	YRS.	MONTHS	DAYS	HOURS MIN.	(Month, Day, Year) June 1.	1912	Mar	vland
Maryland 10e. STREET AND NUMBER 31 Tent Mill	EDENT	et enu number;			9b. CITY, 1	O MWO	R LOCATION OF OR			NTY OF D	
Maryland 100. STREET AND NUMBER 31 Tent Mill		Home		170		Pil	kesville		Ba	Baltimore	
100. STREET AND NUMBER 31 Tent Mill			10c. CIT	Y, TOWN OR	LOCAT	ION				10d. INSIDE CITY	
100. STREET AND NUMBER 31 Tent Mill		Baltimore						211.			LIMITS?
31 Tent Mill						101	Pikesv	TITE	IZEN OF	WHAT COUNTRY?	
	Tomo						212	08	U.	S.	Α.
		12. WAS DECEDER	IT EVER IN U.S.	ARMED	13. W	AS DEC		IIC ORIGIN? (Specify Y			E — American Indian,
1 Never Married 2 1		FORCES?	YES 2 MAR OR DATES		14	yes, spe		n, Puarto Rican, etc.)	0 110-	Blac	k, White, etc.
3 Nidowed 4 Divor	reed	W 123, GIVE	MAN ON DATES		_ ''	TES	2 _4940	y.			Caucasian
15. DECE	EDENT'S EDUCA	TION	16a.	OECEDENT'S	USUAL OCC	UPATIO	N st of weekles	16b. KIND OF BI	JSINESS/IN		
Elamentary/Secondary (0-		College (1-4 or 5		Iffa. Do NOT u	se retired.)	nng mo	it or working				
High School					Sa	ales	3	N-1			
17. FATHER'S NAME (First, Mile	. ,						16. MOTHER'S NA	ME (First, Middle, Maide	230000		
	Wa	ie l	Frankli	n			10000	Elizabet	:h	Ga.	11agher
19a. INFORMANT'S NAME (Ty	rpe/Print)							Route Number, City or To			
Mr. Steven	Carter			15	05 Ma	cDr	ive #2 S	tow, Ohio	442	224	
IMMEDIATE CAUSE (Fin	seesee, or co	Tyme	J &	deeth. Do	22. N LO1 872	ame and cing	D ADDRESS OF FA Byers I Liberty I de of dying, auc	CIUTY Funeral Di Rd Randall th as cerdisc or ree	rect	ors,	, Maryland INC. 21133-478 Approximate interval Between Oneet and De
disease or condition resulting in death)	+ .	DUE TO	OF AS A CONS	SEOUENCE C	W Mills	me	er Ma	Marc	h.		
Sequentially list conditi if any, leading to immedicause. Enter UNDERLYII CAUSE (Disease or injuithat initiated eventa resulting in death) LAST	diete NG ry c.		O (OR AS A CONS								
PART II. Other algnification	nt conditions	contributing to	o death but no	ot resulting	in the und	leriyin	g cause given in		PAMED?	24	b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI DF DEATH?
25. WAS CASE REFERRED TO	D MEDICAL					28. Pt	ACE OF OEATH (Ch	neck only one)			
EXAMINER?		HOSPITAL:	□ EB/O	2 - 200	OTHER						
27. MANNER OF DEATH		1 Inpetient 2		28b. Tif	_	ng Hom 28c. JNJ		6 Other (Specify) 28d. OESCRIBE HOW	INJURY O	CCURFO	
1 Netural 5	Pending		Day, Year)	IN	JURY M	WO	RK?				
3 Suicide 8 .	Could not be determined	28e. PLACE building	OF INJURY — At	home, farm,	street, facto			281. LOCATION (Stree City or Town, Stell	t and Numb	er or Rural	Route Number,
onel only								to the cause(a) and m			(a) and menner as stated
290. SIGHATORE AND/TITYE	OF CENTIFIER		_		-		29c. LICENSE NU	MBER	29d, D/	TE SIGNE	D (Month, Day, Year)
/////	1						DAC	1299	1	6K	71

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

Elizabeth 4. SOCIAL SECURITY NUMBER	1)						2. DATE OF D	EATH	YEAR	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER	Fischer			bes			7""	1	91		
019-03 `-5035	5. SEX	6. AGE (In yrs. les 75	YRS.	IF UNDER MONTHS	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B. (Month, Day 5 - 25-1	PRTH Seed	Cour	THPLACE (State or Foreign nary)	
99. FACILITY NAME (If not institution, give		13	7187	9b, CITY	TOWN (OR LOCATION OF D			COUNTY OF		
	10 Stapleton Ct.						apel) Timonium Baltimore				
10e. STATE 10b. COUN	пу		10c. CITY	Y, TOWN O	R LOCAT	TON				10d. INSIDE CITY	
Maryland Bal	timore		Mays	s Cha	ipe1) Timon	ium			LIMITS?	
10e. STREET AND NUMBER					101	. ZIP CODE		10	g. CITIZEN OF	WHAT COUNTRY?	
10 Stapleton Ct					2	1093			U.S.A	•	
11. MARITAL STATUS 1 Never Merried 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2.X		1	f yes, sp	ENDENT OF HISPA ecify Cuben, Maxica 2 NO Specific	en, Puarto Ricen		Spe	CE — American Indien, lick, White, etc. ec/ly: 1 Te	
15. OECEDENT'S EC	DUCATION	16a. Ol	CEDENT'S	USUAL OC	CUPATIO	ON est of working	16b. KIN	O OF BUSINE	SS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5-6+yrs	L) Iffe	hrar.	e retired.)	Jurny III.	st of working	Bal	timore	e Co. S	Schools	
17. FATHER'S NAME (First, Middle, Lest) Thomas		Fische	er			16. MOTHER'S NA Elizab		, Meiden Sun	Manning		
190. INFORMANT'S NAME (Type/Print) M. Randall Fisc	her					and Number or Rural lanor Rd.				2110	
20e. METHOD OF DISPOSITION 1 M Burlel 2 Cremation 3 Re 4 Donation 8 Other (Specify)		of cemetary	ano oati			M. Garde	oate ens7-3		nium,	-cold and and and and and and and and and an	
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	A. Smi		22.	NAME A	NO AODRESS OF F	CILITY				
> 11 a.	1-10	1				Towson F York Rd					
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	Sequentially list conditions, f sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events				R AS A CONSEQUENCE OF): R AS A CONSEQUENCE OF):						
	ons contributing to	death but not	resulting	la tha							
PART II. Other significant conditi				in the un	nderlyin	g cause given ir		PERFORME YES 2	D?	46. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO	
PART II. Other significant condition of the condition of	HOSPITAL:				26. P	g cause given in	1[PERFORME	D?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH		FINJURY	3 DOA	OTHEF	26. P R: sing Hor 28c. tN.	LACE OF DEATH (C	heck only one) 8 Other (Sp	PERFORME YES 2	D?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 28a. DATE Of (Month, in be be be be be be be be be be be be be	FINJURY	3 DOA	OTHES 4 Nur NE OF JURY	26. PR: sing Hor 28c, tN, W1	LACE OF DEATH (C	heck only one) 6 Other (Sp 28d, DE\$CRIII	PERFORME YES 2 WES 2 WES 2 WES 2 WES 2 WES 2 WES 3 WES 3 WES 3 WES 3 WES 4 WES	D? NO URY OCCURED	AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not a detarmined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Inpetient 2 28s. DATE Of (Month, I) 28s. PLACE (building) 28s. PLACE (building) 28s. PLACE (in the building)	FINJURY Dey, Year) OF INJURY — At h, etc. (Specify)	3 DOA 28b. TIM IN. ome, farm,	OTHEF 4 Num IE OF JURY M street, fect	26. PR: sing Hor 28c. IN. Wi 1 tory, officitime, date	LACE OF DEATH (C	heck only one) 6 Other (Sp 28d. DE\$CRII 28f. LOCATIO City or 70	PERFORME YES 2 ectify) BE HOW INJU N (Street end wm, Stele) ond manner place, and d	D? NO JRY OCCURED Number or Run r as stated,	AMALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO All Route Number,	
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined 29e. CERTIFIER 1 CERTIFYING PHYONE) 2 MEDICAL EXAMINED SIGNATURE AND TITLE OF CERTIFIER 29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON 1	HOSPITAL: 1 Inpatient 2 28a. DATE Of (Month, I) 28a. PLACE (building) 28a. PLACE (building) YSICIAN: To the best of (I) INER: On the basis of (I) WHO COMPLETED CALL	FINJURY Dey, Year) OF INJURY — At h , etc. (Specify) If my knowledge, d examination end/or	3 DOA 28b. TIM IN. ome, farm, threatigation threatigation EM 27) (Type	OTHES 4 Nun HE OF JURY M street, fact	26. PR: sing Hor 28c. IN. Wi 1 tory, officitime, date	LACE OF DEATH (C ne 5 Residence JURY AT DRK? YES 2 NO ne a and place, and du death occured at th	heck only one) 6 Other (Sp 28d. DE\$CRII 28f. LOCATIO City or 70	PERFORME YES 2 ectify) BE HOW INJU N (Street end wm, Stele) ond manner place, and d	D? NO JRY OCCURED Number or Run r as stated,	AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO NO RIGHT Number, (a) end menner as stated	
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I B	REGISTRAR 1. DECEOENT'S NAME (First, Middle, Last	2	CERTIFI			2. DATE OF I	EG. NO.	YEAR	3. TIME OF DEATH
1 3	Julia	andl				7	2	91	0105 19
	4. SOCIAL SECURITY NUMBER 215-03-0260		(In yrs. last birthday) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Month, De 07/2	y, Year)	Country	
1 3	Se. FACILITY NAME (If not institution, give	THE C		9b. CITY, TOWN (R LOCATION OF D			COUNTY OF DE	ermany
10 RO	Mercy Hospital			Balti	more		Ва	ltimor	e City
DIRECTOR	10a. STATE 10b. COUN		10c. CITY,	TOWN OR LOCAT	ION				10d. INSIDE CITY
		ltimore City		Balti					XX YES 2 NO
FUNERAL	100. STREET AND NUMBER	lical Ctr. 61	1 S Charles		. ZIP CODE	21230	- 75		HAT COUNTRY?
S	11, MARITAL STATUS	12 WAS DECEDENT EVED	IN U.S. ADMED	13. WAS DEC	ENDENT OF HISPA	VIC ORIGIN? (S	pecify Yee or No	S.A. - 14. RACE	- American Indian, White, etc.
BY F	3 Widowed 4 Divorced	FORCES? 1 YES	DATES		2XXXVO Specific		i, atc.)	100	White
ED	15. DECEDENT'S EC	DUCATION	16a. DECEDENT'S U	JSUAL OCCUPATION	ON	16b. KIN	D DF BUSINESS		
	(Specify only highest gra	College (1-4 or 5+)	(Give land of w life. Do NOT use	ork done during mo retired.)	st of working				
COMPL			S	traw Ha			Oper		
i	17. FATHER'S NAME (First, Middle, Lest) Nicholas Fan	d1			18. MOTHER'S NA	rance		ne)	
8	19e. INFORMANT'S NAME (Type/Print)	<u>ar</u>	19b, MAILING	ADDRESS (Street a	and Number or Rural			, Zip Code)	
2	Pat Krasowski				Road I	Perry F			
	294, METHOD OF DISPOSITION AND Buriel 2 Cremation 3 Re	movel from State	other place of DISPOS	Cross C	metery, cremetory or emetery		20c. LOCATION	len B	
	4 □ Donation 5 □ Other (Specify) 21. SIGNATURE OF EUNERAL SERVICE	LICENSEE				CILITY Rur			eral Home
	1 - 10011	dilain.	1 (t)						nd 21211
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF):					
MEDICAL	PART II. Other algnificant conditions of the second	· Enchal			+		e. WAS AN AUTOI PERFORMED? YES 2 NO		WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MEDICAL	Pulmonary Thy 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ombus, C	OPO D	26. P	Venous	neck only one)	PERFORMED?		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
HYSICIAN: MEDICAL	Pulmonary Thy	HOSPITAL: 1 Propertient 2 = ER/OU 28a. DATE OF INJURY	Tepetiery 3 DOA	26. P OTHER: 4 Nursing Hor	Venous	heck only one) 6 Other (S	PERFORMED?	o	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 27. MANNER OF DEATH 1 Netural 5 Pending	HOSPITAL: 1 Propertient 2 ER/Ou 28a. DATE OF INJURY (Month, Day, Year)	Tepetiery 3 DOA	26. P OTHER: 4 □ Nursing Hor E OF 28c. IN. URY	Venous	heck only one) 6 Other (S	PERFORMED? YES 2 No	o	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH 1 Natural 5 10 Pending	HOSPITAL: 1 Propertient: 2 PR/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (So	ntpetient 3 DOA 28b. TIMI	26. P OTHER: 4 Nursing Hor HURY W M 1	Venous Lace of OEATH (Cone 6 Residence JURY AT JURY 2 NO	heck only one) 6 Other (S) 28d. OESCR	PERFORMED? YES 2 No	оссияво	AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Propertient: 2 PR/Out 28a. DATE OF INJURY (Month, Day, Year) 28b. PLACE OF INJURY building, etc. (So	tpetient 3 DOA 28b. Tilmi INJ TY — At home, farm, a	26. P OTHER: 4 Nursing Hor URY M 1 treet, factory, officed	Venous Lace of oeath (come 5 Residence Juny AT Juny	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORMED? YES 2 Ni Decity) BE HOW INJURY ON (Street and Nu www. State)	OCCUREO mber or Aural A	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
MPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 DO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 3 Suicide 6 Could not 1 determined 29e. CERTIFIER (Check only)	HOSPITAL: 1 Minpetient 2 ER/Ou 28a. DATE OF INJURY (Month, Dey, Year) 28e. PLACE OF INJURY building, etc. (Sp	tpetient 3 DOA 28b. Tilmi INJ TY — At home, farm, a	26. P OTHER: 4 Nursing Hor URY M 1 treet, factory, officed	Venous Lace of oeath (come 5 Residence Juny AT Juny	1 1 28d. OESCR 28f. LOCATIC City or 1	PERFORMED? YES 2 No. No. No. No. No. No. No. No.	O OCCUREO Imber or Rural R a stated. to the cause(e)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not 1 determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAM 29b. SIGNATURE AND TITLE OF CERTIFIER 1 CERTIFIER OT MEDICAL EXAM	HOSPITAL: 1 Winpettent 2 PR/Out 28a. DATE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY WINDER: On the best of my kno INER: On the best of examinate	ripetient 3 DOA 28b. Tillif INJ TY — At home, farm, a secify) wiedge, death occurre ion end/or investigation	26. P OTHER: 4 Nursing Hor E OF 28c. IN. WY 1 Interest, factory, officed at the time, date	Venous LACE OF OEATH (Come 6 Residence JURY AT YES 2 NO See a end place, and du death occured at the	1 1 28d. OESCR 28f. LOCATIC City or 1	PERFORMED? YES 2 No. No. No. No. No. No. No. No.	O OCCUREO Imber or Rural R a stated. to the cause(e)	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO oute Number, and manner ee stated. (Mogth, Day, Year)
BE COMPLETED BY PHYSICIAN: MEDICAL	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	HOSPITAL: 1 Winpettent 2 PR/Out 28a. DATE OF INJURY 28a. PLACE OF INJURY 28a. PLACE OF INJURY WINDER: On the best of my kno INER: On the best of examinate	ripetient 3 DOA 28b. Tillif INJ TY — At home, farm, a secify) wiedge, death occurre ion end/or investigation	26. P OTHER: 4 Nursing Hor E OF 28c. IN. W W 1 I careat, factory, office and at the time, date in, in my opinion,	Venous LACE OF OEATH (Come 6 Residence JURY AT YES 2 NO See a end place, and du death occured at the	1 1 28d. OESCR 28f. LOCATIC City or 1	PERFORMED? YES 2 No. No. No. No. No. No. No. No.	O OCCUREO Imber or Rural R a stated. to the cause(e)	AMALABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO oute Number,

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TO THE FUNERAL DIRECTOR; Annual carticles has been signed by the att	within	IMPORTANT: If item 28 is marked, or item 23 shows any injury,
里	filed	POR
2	2	2
-	5	

I. DECEDENT'S NAME (First, Middle, La	2()			2. DATE OF D	EG. NO.	3. TIME OF DEATH
Anna	FOLL			MONTH	91 DAY	3:37 A
. SOCIAL SECURITY NUMBER			UNDER 1 YEAR IF UNDER 24 HI	s. 7. DATE OF BI	PITH	8. BIRTHPLACE (State or Forei
.213-05-6022	1 - MXEX F 95	YRS. MO	NTHS DAYS HOURS MI	2-8-1	896	Maryland
a. FACILITY NAME (If not institution, gi		98	CITY, TOWN OR LOCATION O	F DEATH	9c. COU	INTY OF DEATH
Franklin Squar			Rossville		Ba 1	timore County
RESIDENCE OF DECEDENT 10a. STATE 10b. COU		10c. CITY, T	OWN OR LOCATION			10d. INSIDE CITY
Maryland Ba	ltimore		Parkville	/ Carney		1 TYES 2 1 NO
De. STREET AND NUMBER			101. ZIP CODE		10g. CIT	IZEN OF WHAT COUNTRY?
2819 Superior A	venue		21234			USA
1. MARITAL STATUS	12. WAS DECEDENT EVER IN FORCES? 1 YES	U.S. ARMED	13. WAS DECENDENT OF HIS			14. RACE — American Indian, Black, White, etc.
Never Married 2 Married Widowed 4 Divorced	IF YES, GIVE WAR OR DA	ATES	1 TES 2 NO S		,,	Specifyhite
15. DECEDENT'S E	DUCATION	16a. DECEDENT'S US	UAL OCCUPATION	16b. KINS	D OF BUSINESS/IN	
(Specify only highest gr Elementary/Secondary (0-12)	ade completed) College (1-4 or 5+)	(Give kind of work life. Do NOT use re	done during most of working			
5th grade		Hou	sewife	I	Homemaki	ng
. FATHER'S NAME (First, Middle, Last)				S NAME (First, Middle		
Gustav Gellert	•		Chr	istine A	rndt	
e. INFORMANT'S NAME (Type/Print)			DRESS (Street end Number or R			
Elaine A. Poll			Superior Aven			
Da. METHOD OF DISPOSITION A Burlel 2 Cremetion 3 A	emoval from State	other place)	on (Neme of cemetery, cremator) ne Park Cemet			city or Town, State re. Maryland
□ Donation 6 □ Other (Specify) I. SIGNATURE OF FMNERAL SERVICE	LICENSEE	Correcti				re, Haryrand
	7	.)/	22. NAME AND ADDRESS O Lassann Fu			
Jaesan	June	- me	7401 Belair	Rd Rall	TIMOTE.	
IMMEDIATE CAUSE (Finel disease or condition	re. List only one ceuse on e	ach line.	enter the mode of dying,			
MMEDIATE CAUSE (Final lisease or condition securiting in death) sequentially list conditions, any, leading to immediate ause. Enter UNDERLYING AUSE (Disease or injury that initiated events	B. Hypoten Due to lon AS A Hypovolur Due to lon AS A Gastro	ON CONSEQUENCE OF):	Shock			rrest, Approximat
MMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, fany, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury hat initiated events resulting in death) LAST	B. Hypoten Due to (or AS A Gas tro	CONSEQUENCE OF): CONSEQUENCE OF): CONSEQUENCE OF): Intestinal CONSEQUENCE OF):	Shock 1 Bleed	such ae cerdiec		rrest, Approximat
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DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Reith and Merrial Hygiene prior to burial, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIE		
1. DECEDENT'S NAME (First, Middle, La MAR'T	Mart	ha Jane Gr	DO m	2. DATE OF DEATH MONTH 07	DAY YEA 03 91	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 213 52 9682 90. FACILITY NAME (If not institution, gi	1 🗆 M 2 🖵 F	94 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Month, Day, Year) 08 12	Co	RTHPLACE (State or Foreign unitry) BALTIMORE F DEATH
GREATER BALTIMO	RE MEDICAL CE	NTER	TOWSON		BALTI	MORE
10e. STREET AND NUMBER	TIMORE		SALTIMORE 101. ZIP CODE			10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISE H yes, specify Cuben, Mex 1 YES 2 NO Spe	icen, Puerto Rican, etc.)	Yes or No — 14. R	S.A. ACE — American Indian, liack, White, atc. pacity: What he
15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12) 1.2	EDUCATION trade completed) College (1-4 or 5+)	16e. DECEDENT'S USU (Give kind of work life. Do NOT use re	done during most of working red.)		own Home	y mice
17. FATHER'S NAME (First, Middle, Last)		120	Diff. 62-4-17	NAME (First, Middle, Maid		ill are a
Joseph Milton 19a. INFORMANT'S NAME (Type/Print)			RESS (Street end Number or Rur)
Frederick Groot 20e. METHOD OF DISPOSITION 1 M Burlal 2 Cremation 3 6 4 Donation 5 Other (Specify)	Removal from State	Denver Ob. PLACE AND DATE OF of cemetary, crematory or of the place and the place are also are also and the place are also and the place are also and the place are also and the place are also are also and the place are also a	DISPOSITION (Name ther place)	0.2	Balto. M	a
21. SIGNATURE OF TUNERAL SERVICE Mald	Schale le		22. NAME AND ADDRÉSS ÓF RUCK TOWSO	FACILITY 1050 Y	ork Rd.	21204
23. PART I. Enter the diseases, shock, or heart felit iMMEDIATE CAUSE (Final disease or condition resulting in death)	s. SMALL B	ed the death. Do not each line. OWEL OBSTRUMA CONSEQUENCE OF):		uch as cardiac or re	apiretory arrest,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	bDUE TO (OR AS	A CONSEQUENCE OF):				
that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF):				
PART II. Other significant condi	itions contributing to death	but not resulting in t	e underlying cause given	PER	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	ML		28. PLACE OF GEATH	(Check only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 □ Inpatient 2 □ ER/Oc		THER: ☐ Nursing Home 5 ☐ Resident	ce 8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigate	28a. DATE OF INJURY (Month, Day, Year,	28b. TIME O	M 1 YES 2 NO	28d. DEŞCRIBE HO	W INJURY OCCURE	D
3 Suicide 6 Could not 4 Homicide determine	t be building, etc. (St	RY — Al home, farm, stree becify)	t, factory, office	281. LOCATION (Str. City or Town, St	eet and Number or Ri tate)	ural Route Number,
CONSCR ONLY	HYSICIAN: To the best of my known					use(e) and menner as stated.
296. SIGNATURE AND TITLE OF CERT	TIFIER	1.01/13 11	29c. LICENSE	NUMBER	29d. DATE SIG	NED (Month, Day, Year)
30, NAME AND ADDRESS OF PERSON	HED MALL	KHAD MIL),),	101	7/-	3 / 7/



BALTIMORE, MARYLAND 21215-00

INTERFECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for been on 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

INNE If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE
1991 Julia Davidson Profession

Michael Hayes M.D.

JUL

31. DATE FILED (Month, Day, Year)

	G-677 7/16/91 cm											
	FOR STATE REGISTRAR	STATE OF I	MARYLAND C	/ DEPAR	TMEN	IT OF H	HEALTH AN	D MENT	AL HYGIEN		18	256
	1. DECEDENT'S NAME (First, Middle, Last)							2. DA	TE OF DEATH	,	3. TIM	E OF DEATH
	George Leon	ard Creek	ofiold.	Tre							YEAR	L OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. Is		IE 1890	ER 1 YEAR	IF UNDER 24 HF	7 7 700	E OF BIRTH 9	-	91	M
	220-20-6264	5€ M 2 🗆 F	63	YRS.	MONTHS	7	HOURS MI	N. (Mc	inth, Day, Year)		Country)	(State or Foreign
	9a. FACILITY NAME (If not institution, give-		03	7113,					7 1	027	Maryl	and
~	98. PACILITY NAME (If not institution, give-	street and number)			9b, CI1	TY, TOWN O	OR LOCATION O	F DEATH		9c. COUNT	Y OF DEATH	
0	Seaton Hill Mano	r				Bal	timore	. Cit	V			
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT					14/1/						
E	102.00011	•		10c. C11	Y, TOWN	OR LOCAT	TION				10d, II	NSIDE CITY IMITS?
	Maryland I	Jarford			Fa	llste	an				1 🗆 1	YES 2 NO
FUNERAL	100. STREET AND NUMBER					101	. ZIP CODE			10g. CITIZI	EN OF WHAT CO	OUNTRY?
Ü	2213 Cloves	dale Dr	ive				2104	7			TT C 3	
5	11. MARITAL STATUS	12. WAS DECEDEN	T EVER IN U.S. A	RMED	13	. WAS DEC	ENDENT OF HIS	SPANIC ORIG	SIN? (Specify Ye	a or No — 1	ILS A	
	1 Never Married 2 Married	FORCES? 1	YES 2 WAR OR OATES	NO		If yes, sp	ecify Cuben, Me 2 NO Sp	xican, Puert	o Rican, etc.)		Black, White,	, etc.
ВУ	3 Widowed 4 Divorced		1949				2 23 NO OF	outy.			Specify:	hite
8	15. DECEDENT'S EDU (Specify only highest grad	CATION	18a, D	ECEOENT'S	USUAL	OCCUPATIO	ON	1	6b. KIND OF BU	SINESS/INDU		
mi I	Elementary/Secondary (0-12)	College (1-4 or 5	111	e. Do NOT us	work done se retired.	e during mo .)	st of working					
교	12			Bake	r				Food	d Mark	o.t	
COMPLETE	17. FATHER'S NAME (First, Middle, Last)			Danc	_		18. MOTHER'S	NAME (Flo	, Middle, Malden		ec	
EC	George Leonard	Croonfie	1.4 Cm									
00	19a. INFORMANT'S NAME (Type/Print)	Greentie			ADDRE	CC /Com et a	IMAT		Ann			
6		_		PO. MAILING	ADDHE	SS (STREET B	nd Number or Ru	iral Floute Nu	mber, City or Tow	m, State, Zip C	lode)	
	Mrs. Virginia N	. Greenf					me as	10e				
	1 DBurlel 2 Creffigion 3 - Rem	ioval trom State	20b. PLACE	ematory or o	ther place	9)		1		LOCATION City or Town, State		
	4 Donation D Other (Specify)	#	Dulai	ney V	alle	ey Me	m. Grd		8.91	<u> Timoni</u>	um , Me	d.
	21. SIGNATURE OF FUNERAL SERVICE LI	CEMPLE / /			22	. NAME AN	D ADDRESS OF	FACILITY	105	0 11-	l- vo.1 (27.204
	> (mald f	1. Calmid	4					_			k Rd. 2	21204
	23 PARTY Enter the diseases or	complications the	l anyond the d	Ruck Towson Funeral Home, Inc.								
	shock, or heart failure.	List only one cau	cations that csusad the death. Do not enter the mode of dying, such as cardiac or reapiretory strest, only one cause on each line.							pproximata		
	iMMEDIATE CAUSE (Final disease or condition	,	P < _								Inset and Death	
	resulting in death)	S	(OR AS A CONSEQUENCE OF):								246.	
		OUE TO	(OR AS A CONSE	OUENCE OF	F):		1 0	1	•			0
Z	Sequentially list conditions,	b	COR AS A CONSE	ees	72	ico	rects	cou	sec			24-41/2
ERTIFICATION	If sny, leading to immediate	DUE TO	(OR AS A CONSE	OUENCE OF	F):			- 1				4
호	cause. Enter UNDERLYING CAUSE (Disease or Injury	c	A1	DS	D	Enl	END	A				5-1/x00
띹	that initiated events		(OR AS A CONSE	OUENCE OF	F):							2-18 Kees
12	resulting in desth) LAST	d		A	10	2.5					18	- 18 Kees
O	DART II Other classificant condition	N. Albania										
MEDICAL	PART II. Other algnificant condition	s contributing to	death but not	resulting i	in tha u	indarlying	causa givan	in Part i.	24a. WAS AN PERFOR			AUTOPSY FINDINGS BLE PRIOR TO
ä									1 TYES 2	PNO		ETION OF CAUSE
ME												ES 2 NO
=											1	25 2 1 110
A	25. WAS CASE REFERRED TO MEDICAL					28 PI	ACE OF DEATH	Chack only	nee)			
PHYSICIAN:	EXAMINER?	HOSPITAL:	ER/Outpetlant 1	□ pos	OTHE	A:						
Ϋ́	27. MANNER OF DEATH	28a. DATE OF		28b. TIM			5 🗆 Residen					
	1 Natural 5 Pending	(Month, De			URY	28c. INJU	RK?	28d. D	EŞCRIBE HOW I	NJURY OCCU	RED	
BY	2 Accident Investigation	20. 01 405 01	F 101 11 11 11 11 11 11 11 11 11 11 11 11				ES 2 NO					
입	3 Suicide 8 Could not be 4 Homicide determined	building,	F INJURY — At ho etc. (Specify)	ome, term, a	treat, tec	ctory, office	1	28t. LC	CATION (Street of yor Town, State)	and Number or	Rural Route Nur	nber,
립	(Check only 1 CERTIFYING PHYSI	CIAN: To the best of	my knowladge, de	eath occurre	d at the	time, date	and place, and o	due to the c	euse(a) and mar	oner as stated.		
COMPLET	one) 2 MEDICAL EXAMINE	R: On the beale of ax	amination and/or	Investigation	n, In my	opinion, de	eath occured at	the time, de	le and place, en	d due to the	ceuse(e) end me	onner ea stated,
E C	296. SIGNATURE AND TITLE OF CENTIFIE					1	29c. LICENSE N					
m	1 Week and	Boves.	62301						>0	Zya. DATE S	IGNED (Month)	Day, Year)
유	30. NAME AND ADDRESS OF PERSON WH		E OF DEATH AVE	M OT /T-	D-I-m		110	1			13/7	/

Maryland General Hospital - Balto.

31. DATE FILEO (Month, Day, Year)

32. REGISTRAR'S SIGNATURE

DIVISION OF VITAL RECORDS, P.O. BOX 68/60, BALTIMORE, MARYLAND 21215-0020	
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending on sician.	
FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the behalf transit permit. Pages 1, 2, 3 should	411
writhin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 1. DECEDENT'S NAME (First, Middle Last) July 3, 3. TIME OF DEATH John Anthony Galeano, Sr. 1991 4. SOCIAL SECURITY NUMBER 6. AGE (in yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year)
JULY 7, IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign DAYS HOURS 217-01-7416 1 [](M 2 [] F 1911 Maryland 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Francis Scott Key Medical Center DIRECTOR Ballimore City RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Maryland Baltimore Dundalk 1 YES 2 X NO FUNERAL 10s. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WHAT COUNTRY? 712 50th Street 21224 United States 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexicen, Puerto Rican, atc.)
t YES NO Specify: 14. RACE — American Indien, Black, White, etc. 1 Never Merried 2 Merried
3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES BY White. COMPLETED 15. DECEDENT'S EDUCATION 18e. DECEDENT'S USUAL OCCUPATION (Specify only high 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 10 years Building Inspector City of Baltimore 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Melden Surname) Rossario Galeano Louise 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, Stete, Zip Code) 2 Vera M. Galeano 712 50th Street Baltimore, MD 20e. METHOD OF DISPOSITION
1XI Buriet 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of OATE 20c. LOCATION - City or Town, State Sacried Heart of Mary Cem. 4 ☐ Donation 8 ☐ Other (Specify) 7/6/91 Baltimore. Maryland 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
Duda-Ruck Funeral Home of Dundalk, Inc. 7922 Wise Avenue, Baltimore, MD 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such ee cardiec or reepiratory errest, ehock, or haert failure. List only one ceuse on sech line. Approximate intarval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition Zohn resulting in death) DUE TO (ON AS A CONSEQUENCE OF): CERTIFICATION Sequantially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, laading to immediate ATherselant cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF) that initiated eventa reaulting in daeth) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS WERE AUTOPSY PINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 YES 2 NO t [] YES 2 [] NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) EXAMINER? HOSPITAL: SER/Outpetient 3 DOA OTHER: ne 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 280. DATE OF INJURY 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending investigation 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, ferm, street, factory, office 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be determined 4 Homicide CERTIFIER (Check only One) CERTIFYING PHYSICIAN: To the beet of my knowledge, death occurred at the time, date and place, and dus to the cause(e) end manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occursed at the time, data and place, and due to the cause(s) and menner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 0-1457 Folksman 3 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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1. DECEDENT'S NAME (First, Middle, Lest) Matheway	J. (3add,	1		2. DAT	E OF OEATH	ž 8	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 239-36-7102	6. SEX 6. AM	GE (In yrs. lest birthde	MONTHS DAY	-	HRS. 7. DAT	OF BIRTH th, Day, Year)		BIFITHPLACE (State or Foreign
99. FACILITY NAME (If you institution, give s		Q P		N OR LOCATION		1 a 7	9c. COUNTY	Y OF DEATH
RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNT	Y		BALTIM	CATION	CITY			10d. INSIDE CITY LIMITS? TYX YES 2 \(\text{\text{\text{NO}}} \) NO
10s. STREET AND NUMBER 3030 EDMON	DSON AVEN	UE		101. ZIP CODE 212	23			N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1) Y IF YES, GIVE WAR O	ES A NO	Mana	DECENDENT OF a pecify Cuban, YES 2 NO	Mexican, Puerto		s or No- 14	Black, White, etc. Specify: BLACK
15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind	T'S USUAL OCCUP of work done during T use retired.)			CME F		AREHOUSE
17. FATHER'S NAME (First, Middle, Lest) JAMES H. GAD	DY SR.				R'S NAME (FIRST UILA	Middle, Malden	Surname)	
19a. INFORMANT'S NAME (Type/Print) CLARA GADDY			O EDMO					MD. 21223
20a. METHOD OF OISPOSITION KLXBurlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	noval from State	GARRES S	ON FRE	est ST VET	. CEM			y or Town, Stata MILLS, MD.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE			E AND ADDRESS		77 11	01 E	NODTH AVI
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23. PART i. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	s. HEPA	TTC AS A CONSEQUENCE	FAILU	mode of dying	g, auch aa ca			t, Approximate interval Bets
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91-3739-510 FOR STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR **GERALD** B GRAY 07 05 1991 03:56 4. SOCIAL SECURITY NUMBER 5. SEX 8. AGE (In yrs. last birthday) 7. DATE OF BIRTH IF UNDER 1 YEAR 8. BIRTNPLACE (State or Foreign IF UNDER 24 HRS. 8-16-1953 1 M 2 F HOURS 217-62-1794 37 YRS. N.C. 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF OEATN DIRECTOR E.R.-UNIVERSITY HOSPITAL BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d. INSIDE CITY Md Baltimore 1 YES 2 NO 10e, STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 101 ZIP CODE 21215 USA 2810 Rosalind Avenue 11 MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-if yes, specify Cuben, Maxican, Puarto Rican, atc.) 1 Never Married 2 Married IF YES, GIVE WAR OR DATES 1 YES 2 XNO Specify: Specify: **Black** BŸ 3 Widowed 4 Divorced 6 16e. DECEOENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Spe H COMPL 12th 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Elouise Gray Melvin Wilson BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 4105 Haywood Avenue Baltimore, Md 21215 Elouise Sumpter 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State Western Star Cemetery Catonsville, Md 21. SIGNATURE OF FE NERAL SERVICE LICERSEE 22. NAME AND ADDRESS OF FACILITY March F/H West 4300 Wabash Avenue 23. PART I. Enter the dieases, or complications that caused the deeth. Do not enter the mode of dying, such as cerdiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Interval Between Onset end Death IMMEDIATE CAUSE (Final dleasse or condition NARCOTIC INTOXICATION resulting in death) OUE TO (OR AS A CONSEQUENCE OF): CERTIFICATION Sequentially liet conditions. DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINOINGS MEDICAL PERFORMED? AMAILARI F PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? OTHER: 1 NES 2 NO 1 Inpatient 2 ER/Outpatient 3 I DOA ng Home 5 🗆 Rasidenca 8 🗆 Other (Specify) 27. MANNER OF DEATH 20a. DATE OF INJURY 28b. TIME OF INJURY 26c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED SUBJECT USE 1 Netural :00M UND: 7/5 1 YES 2 NO UNKNOWN BY DRUG 2 Accident 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 3 Suicide 6 🖄 Could not be COMPLETED 4 🗌 Homicide JAIL CELL 29a, CERTIFIER 1 CERTIFYINO PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and menner as stated. SIGNATURE AND TITLE OF CERTIFIES 29c. LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE

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BALTIMORE, MARYLAND

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

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IMPORTANT: If item 28 is marked, or

91-3641-510 FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIFIC	CATE C	F DEATH		REG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last)		i			2. DATE O	OF DEATH DA	,	YEAR	3. TIME DF DEAT	н
•	Dennis	M.	Go	rdon		06	29		1991	10:15	AM
į	4. SOCIAL SECURITY NUMBER			IF UNDER 1 YE	AR IF UNDER 24 HRS.	7. DATE C	F BIRTH		8. BIRTH	IPLACE (State or Fo	
	219-38-7994	15 M 2 F	19 YRS.	ONTHS DAY	YS HOURS MIN.	Aug .	Day, Year) 4,1941		Mar	yland	- 1
	9s. FACILITY NAME (If not institution, give st			9b. CITY, TOV	WN OR LOCATION OF	_	,		NTY DE D	3	
œ	W.i W	m 1	- 1	D - 1 +	•			12 - 1		C:+	
6	Union Memorial	Hospital		Balt	imore			ват	Limo	re City	
S	10a. STATE 10b. COUNTY	,	10c. CITY,	TOWN OR LO	DCATION					10d, INSIDE CITY	
DIRECTOR	Maryland Har	ford	Ba	ldwin						1 YES 2 K	NO
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CIT	IZEN OF V	VHAT COUNTRY?	
E I	2908 Placid Dri	Ve))	21013			U	.S.A		
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVI	ER IN U.S. ARMED	13. WAS	DECENDENT OF HISP		(Specify Yes	or No-	14. RACI	E — American Indi	en.
	1 Never Married 2 X Married	FDRCES? 1. Y	ES 2 NO	If you	s, specify Cuben, Mexi	cen, Puerto R		0.504740	1116		
Β	3 Widowed 4 Divorced	Vietnam	N DATES	7					White		
	15. DECEDENT'S EDUC	CATION	16a. DECEDENT'S U	SUAL OCCUP	PATION	16b.	KIND OF BUS	INESS/IN	DUSTRY		
E	(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	retired.)	g most of working						
립		3	Regional	Regional Training Manager L			ever I	ndus	trie	S	1
COMPLETED	17. FATHER'S NAME (First, Middle, Last)		18. MOTHER'S NAME (First, A								
	John Gordon			Dorot	hy 1	Barton	ı			- 1	
BE	19a. INFORMANT'S NAME (Type/Print)		19b, MAILING	ADDRESS (Str	eet and Number or Run		er, City or Town	n, State, Zi	p Code)		
임	Mrs. Peggy S. Gor	don	- CO		Drive Ba						- 1
	20s. METHOD OF DISPOSITION	I	20b. PLACE OF DISPOSI				_		City or To	own. State	$\overline{}$
	15 Buriel 2 ☐ Cremation 3 ☐ Rem- 4 ☐ Donation 8 ☐ Other (Specify)	oval from State	other place)		THE RESERVE OF THE PARTY OF THE					-	
	21. SIGNATURE OF FUNERAL SPRYICE LIC		Dulaney Val		EMETERY /		Tim	oniu	um, M	aryland	
	. 011				IN THE PARTY OF THE PROPERTY OF THE PARTY OF				10	50 York	Road
	· Carl X.	/anggri		Ruck	Towson F	unera.	l Home	, In	C. To	wson .Md	.2120
	23. PART I. Enter the diseases, or	omplications that can	sed the death. Do no	ot enter the	mode of dying, s	uch as card	iac or reapi	ratory ar	rest,	Approxim	ate
	shock, or heart fellure.	List Dnly Ore cause of	on each line.							Onset an	
	diseese or condition	Arterios	eleratic C	ardio	vaccular	Dise	926			0,000	
	resulting in deeth)		AS A CONSEQUENCE OF		Vascala1_	DISCE	150			_	\neg
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CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (DR	AS A CONSEQUENCE OF	:							
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¥	PART II. Other significant condition	a contributing to dea	th but not resulting in	the under	tying cause given	in Part I.	24a. WAS AN PERFOR		248	WERE AUTOPSY F AVAILABLE PRIOR	
5							1 YES 2	NO (X		COMPLETION OF OF DEATH?	CAUSE
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8	25. WAS CASE REFERRED TO MEDICAL			2	6. PLACE OF DEATH	Check only on	e)				
S	EXAMINER? 1 RYES 2 ND	HOSPITAL: 1 ☐ Inpatient 2 St ER		OTHER:	Home 5 🗆 Residence	e 6 🗆 Other	(Specify)				
PHYSICIAN: MEDICAL	27. MANNER OF DEATH	28s. DATE OF INJU	JRY 28b. TIME	OF 280	:. INJURY AT	7	CRIBE HOW I	NJURY O	CCURED		
	1 Natural 5 Pending	(Month, Day, Ye	ear) INJU		WORK?						- 1
B	2 Accident investigation 3 Suicide a Could not be	28s. PLACE OF IN.	JURY — At home, farm, at	reet, factory,	office	28f. LOC	ATION (Street	and Numbe	or or Rural	Floute Number,	
	4 Homicide 8 Could not be datarmined	building, etc.	(Specify)			Chy	or Town, State)				- 1
COMPLETED	29s. CERTIFIER					1		_	_		
P.	(Check only CERTIFYING PHYS	ICIAN: To the best of my I	the second second								
S	2 MEDICAL EXAMINE	R: On the basis of exami	nation and/or investigation	i, in my opini	on, death occured at i	the time, date	and place, an	d due to t	the cause(s) and manner as	stated.
	29b. SIGNATURE AND TITLE OF CERTIFIE	R 1/	A		29c. LICENSE I	/UMBER		29d. DA	TE SIGNE	D (Month, Day, Year)	
BE	Mounte In	while	un		O.C.M	.E.			06	30 199	91
2	30. NAME AND ANDRESS OF PERSON WH	D COMPLETED CAUSE D	F DEATH (ITEM 27) (Type,	Print)	. 0.0.0						
	Managarita Vanal	1. MD	111	Donn	Street.	Role:-	noro M	97771	and	21201	
	Margarita Korel 31. DATE FILED (Month, Day, Year)	32. REGIŞTRAR'S	SIGNATURE	FEIII	OLIEGE.	DALLI	IIOTE M	ar A I	anu	41411	\neg
	JUL 08 1991	Gina Davidson	~ Randall								
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AND 21215-0020	the nospital of attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be the State four of Health and Mental Hynlane prior to burial commandon or removal	6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
38760, BALTIMORE, MARYLAND 21215-0020	cuted within 24 after death. Page 6 may be retained	id completely filled in by the funeral director, page 5 should	to them 22 shows any injury or other trainmailt event the medical evaniner must be notified at once
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	PITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 after death. Page 6 may be retained by the lospital or attyriding physician.	THE FULE RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the figure of the form death with the State pear of Health and Merial Hyritene prior to burial cremation or removal	Donatast Hem 29 is marked or Hem 24 shows any injury or other trainmal
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	1 - FOR STATE REGISTRAR	STATE OF MARYLAND	D / DEPARTM			NTAL HYGIENE REG. NO.	91		8261	
	1. DECEDENT'S NAME (First, Middle, Lest) KATHRYN H	ARRIMAN	ANN HARF			DATE OF DEATH DAY	9	7 9	ME OF DEATH	
		5. SEX 8. AGE (In yrs. leat birthday) 1 M 2 F MOURS 1 N 2 F MOURS 1 N 2 F MOURS 1 N 2 N S MOURS 1 N 3 M S M S M S M S M S M S M S M S M S M				MIN. Month, Day, Year) 19 Germany				
DIRECTOR	STOSEPH'S	h's Hospital Tow				USON MARY				
		Baltimore Tows			SON 101. ZIP CODE			10d. INSIDE CIT LIMITS? 1 YES 24		
A I	800 Seaword Rd.			1	1204		U.S.A.			
BY FUNERAL		12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES GIVE WAR OR DATES			ED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Year					
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)	highest grade completed) (Give kind of work do			L OCCUPATION 18b. KIND OF But one during most of working ad.)					
3		College (1-4 or 5+)	[e (1−4 or 5+)			Derby S	teel			
CON	17. FATHER'S NAME (First, Middle, Lest) George	Haas			18. MOTHER'S NAME (First, Middle, Meiden		eisig		
TO BE	190. INFORMANT'S NAME (Type/Print) Mary Haas	ME (Type/Print) 19b. MAILING ADDRESS (Street						de)		
	20s. METHOD OF DISPOSITION 143 Burlal 2 Cremetion 3 Removal from State 4 Donetion 5 Other (Specify) 20s. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) LOTTAINE Park 7-9 Woodlawn, Md.								tete	
	21. SIGNATURE OF FUNERAL SERVICE LICE			22. NAME AN Ruck	Towson Fur York Rd.	neral Hon	ne, In	c.		
	23. PART I. Enter the diseases, or co- ahock, or heart fallure. LI IMMEDIATE CAUSE (Final disease or condition resulting in death)	mplications that caused the strong one cause on each HEART DUE TO (OR AS A CO)	FAI	LUR	de of dying, such as	cardiac or reaple			Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A COL	RY 1	-DAEJ	VARCT	10N LOS 15			\ MONTH	
PHYSICIAN: MEDICAL CI	PART II. Other aignificant conditiona	contributing to death but n	not resulting in th	na undarlylng	g cause givan in Par	t I. 24e. WAS AN PERFOR	MED?	OF I	IE AUTOPSY FINDINGS LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL			26 PI	ACE OF DEATH (Check of	anh one)				
22	CM 44404 CDA	HOSPITAL:		HER:	e 5 - Rasidence 6 -	set of the				
/ PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF	28c. INJ	URY AT 26-	d. DESCRIBE HOW II	JURY OCCUP	RED	DB	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY — ibuilding, etc. (Specify)	At home, farm, stree	t, factory, office	28	f. LOCATION (Street a City or Town, State)	nd Number or	Rural Route	Number,	
COMPLETED	one)	IAN: To the best of my knowledge: On the beste of examination en							manner as stated.	
E C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUMBE	R	29d. DATE S	IGNED (Mor	nth, Day, Year)	
TO BE	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DEATH	(ITEM 27) (Type, Prin	nt)	D 173	47	▶ 7-	-7-	91	
	STEVEN T	MBON MT	0, 120		PIERRE	DR, 57	E 303	BAL	TMD 21204	
	1111 & 100	4 Ja. REGISTRAN'S SIGNATU	March 12.							

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ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death	ECTOR: After this certificate has been signed by the attending physician and completely filled in by the fun
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	1 - STATE REGISTRAR	ST	ATE OF I	MARYLAND /		ICATI				MENTA				8262
	1. DECEDENT'S NAME (First, Mid	dle, Last)		- OL		ICATI	_ 01	DEA	<u> </u>	2. DATE	REG. N	0.		3. TIME OF DEATH
	Ann B.	Herlin	iger							Tu	eu 2.	1991	rear	M
	4. SOCIAL SECURITY NUMBER	5. SE	X	6. AGE (In yrs. las	t birthday)	IF UNDER		IF UNDER		7. DATE	OF BIRTH		BIRTHP	LACE (State or Foreign
	215-22-1229 A		M 2 X F	66	YRS.	MONTHS	DAYS	HOURS	MIN.	6-8	-1925		MAR!	YLAND
~	9a. FACILITY NAME (If not institut					9b, CITY	TOWN O	R LOCATI	ON OF D	EATH		9c. COUNT	Y OF DE	ATH
0	Manor Care R		e			Ros	svil	le				Bal	time	ore
DIRECTOR	10a, STATE 10b, COUNTY 10c, CITY, TOWN OR LOCATION													
ä	MARYLAND BALTIMORE							DUN	DALI	K				10d. INSIDE CITY LIMITS? 1 YES XX NO
AL	10e. STREET AND NUMBER						10f.	ZIP COD	E			10g. CITIZE		IAT COUNTRY?
FUNERAL	12 BEACH DRIV								212	222			4.5	S.A.
15	11. MARITAL STATUS 1 Never Married 2 Marr	12. W	AS DECEDEN ORCES? 1	T EVER IN U.S. AR	MED	13.	WAS DECI	ENDENT C	F HISPAI	NIC ORIGI	N? (Specify Y	es or No- 1	RACE -	- American Indian, White, etc.
B	3 Widowed 4 Divorced	IF	YES, GIVE V	MAR OR DATES			YES	XX NO	Specif	y-	Rican, etc.)		Specify:	
8	15. DECEDE	IT'S EDUCATION	23.5	16e. DE	CEDENT'S	USUAL O	CCUPATIO	N		164	KIND OF B	USINESS/INDUS	TRY	WIIIL
COMPLETED	(Specify only high Elementary/Secondary (0-12)	est grade comple Colle	red) ige (1-4 or 5 -		ve kind of Do NOT u	work done (se retired.)	during mos	of working	g					
d X	HIGH SCHOOL					OYEE				BET	HLEHE	M STEE	L CC	RPORATION
8	17, FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First,	Middle, Meide	n Surname)			
BE	EDWARD W. BUR										BRINGE			
2	190. INFORMANT'S NAME (TYPO)F LOUIS J. HERL											wn, State, Zip Co		
				20b. PLACE A		CH D			ALI		-	YLAND		21 2 2 2
	20a. METHOD OF DISPOSITION Burlat 2 Cremation 3 4 Donation 5 Other (Special Control of the Control of	☐ Removat fro	om State	CONTROL CONTROL	Malpry of o	perplace	TED U	ne of	6-10	DAT		OCATION — CH		
	21. SIGNATURE OF FUNERAL SE	**	10	- J OTTIC L	J WIV						DAL	TIMURE	, MA	RYLAND
	1	11	V			DU	DA-R	UCK	FUNE	RAL		OF DUN	DALK	
	23. PART LEnter the disease	ee, pr compli	catione the	t caused the de-	ath Do r	1/9	the mod	ISE	AVEN	lut	DUNU	ALK MD		21222
	ahock, Dr haart IMMEDIATE CAUSE (Final	fellura. Liet or	ny Dna cat	sa Dn each line.	٨									Approximate Interval Between
	disesse or condition resulting in death)			Stal	22.	b. 04	1.7	P	120	01	,			Onset and Death
	resulting in death)		DUE TO	(OH AS A CONSEC	UENCE O	7:		- 24	,					
N	Sequentially list conditions,	b		(OR AS A CONSEC (OR AS A CONSEC	ref	20	Vad	scr	(9	5	De	cide	7 7	
CERTIFICATION	If any, laeding to immediate cause. Enter UNDERLYING		DUE TO	(OR AS A CONSEO	UENCE O	F):								
임	CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF):													
Ē	resulting in dasth) LAST		552 15	(OII AS A CONSEC	OLINCE O	·								
	DART II OU	0												
CAL	PART II. Other eignificant co	onditiona cont	ributing to	death but not re	sulting	n the un	darlying	cause g	lven in	Part I.	24s, WAS A	N AUTOPSY		VERE AUTOPSY FINDINGS
MEDIC										— i	1 TYES	2 🗌 NO		COMPLETION OF CAUSE OF DEATH?
					_								1	☐ YES 2 ☐ NO
PHYSICIAN:	25. WAS CASE REFERRED TO ME	DICAL					26 01 /	ACE DF DE	EATH (Ch.	ank ank a				
Sic	EXAMINER? 1 YES 2 NO		PtTAL:	ER/Outpetient 3	DOA	OTHER	1:							
¥	27. MANNER OF DEATH		8a. DATE OF	INJURY	26b. TIM	E OF	26c. INJU	RY AT	sidence	_	r (Specify) SCRIBE HOW	INJURY OCCUP	ED	
ВУВ	1 Netural 5 Pend 2 Accident Invest	ng Igation	(Month, D	ay, rear)	INJ	URY M	1 Y	RK? ES 2 [NO					
	3 Suicide 6 Could	HOLDE DE	8e. PLACE O	F INJURY — At honests. (Specify)	ne, farm, s	treet, facto	ory, office			28f. LOC	ATION (Street or Town, State	and Number or	Rural Rou	ite Number,
ETE	4 Homicide deter	nined								Oily	or lown, state	,		
교				my knowledge, dea										
COMPL	one) 2 MEDICAL	EXAMINER: On th	ne beala of e	ramination and/or in	veatigatio	n, in my o	olnion, de	ath occur	ed at the	time, date	and place, a	nd due to the c	ause(a) s	and manner as stated.
ш	29b. SIGNATURE AND TITLE OF C	ERTIFIER	an	Olam-				29c. LICE	NSE NUN	BER		29d. DATE S	GNED (A	forth, Day, Year)
0 B	20 NAME AND ADDRESS		-					H	30	550	(3	•		
	30. NAME AND ADDRESS OF PER	JOHN !	J. 10	44			10.1		1- 1					
	31. DATE FILED (Month, Day, Year)	DA	REGISTRA	R'S SIGNATURE	RU	JRO	HP	1	BA	LT	12	D. 21	221	>
	JUL 8	1991	greke	- Davidson-	Admid	SE.								

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BALTIMORE, MARYLAND 21215-0020	ter death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should wal.	si examiner must be notified at once.	TO BE COMPLETED BY FUNERAL DIRECTOR
DIVISION OF VITAL HECORDS, P.O. BOX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL OR ATTENDING PHYSICIAN: *** returns that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certification makes and provided by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should be filed within 72 hours after death with the Same Legal and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

STATE	SIAIE UF MARTLAND / DEPART	MENT OF HEALTH AND	MENTAL HYGIENE	
1. DECEDENT'S NAME (First, Middle, Lest)		CATE OF DEATH	REG. NO. 2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER		IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
21 4.5 43 389 So. FACILITY NAME (If not institution, give s	treet and number)	9b. CITY, TOWN OR LOCATION OF DI	05/22/48 EATH 9c. COU	INTY OF DEATH
GOOD SAMANIS	TAN HUSP	BALTO.	1	34270 .CO
106. STATE 106. COUNT	Y 10c. CITY.	TOWN OR LOCATION		10d. INSIDE CITY LIMITS? 1 YES 2 NO
3209 Cresson	Ave	101. ZIP CODE 2120	10g. CIT	TIZEN OF WHAT COUNTRY?
11. MARITAL STATUS Never Merried 2 Merried Divorced 2. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Mexico 1 YES 2 NO Specif		14. RACE — American Indian, Black, White, stc. Specify: Black	
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		ork done during most of working	16b. KIND OF BUSINESS/IN	DUSTRY
7. FATHER'S NAME (First, Middle, Last) NOrman Han	ely	16 MOTHER'S NA	AME (First, Middle, Malden Surname)	
OUT TO U.	tandy 3209	ADDRESS (Street and Number or Rural (VESSON AVE	Route Number, City or Town, State, Z. Balto M	10 code)
0e, METHOD OF DISPOSITION Burlel 2	20b. PLACE AND DATE of certifiethy, crematory of	OF DISPOSITION (Name or other place)	DATE 20c LOCATION -	- City or Town, State - Mills Hell
H. SIGNATURE OF FUNERAL SERVICE LI		22. NAME AND ADDRESS OF FI Harch F. H.	West June	3 11113, 39
23. PART 1. Enter the disesses, or shock, of heert feliure. IMMEDIATE CAUSE (Final disesse or condition resulting in death)	a. DUE TO (OR AS A CONSEQUENCE OF)	TO BRAIN	FROM C	Approximate interval Between Onset and Deat
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSEQUENCE OF)	:		
	ns contributing to deeth but not resulting in		DEDECOMED?	24b. WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 N YES 2 NO		26. PLACE OF DEATH (COTHER: 4 Nursing Home 5 Residence	U	
27. MANNER OF DEATH Netural 6 Pending	28e. DATE OF INJURY (Month, Day, Year) 28b. TIME INJU	OF 28c. INJURY AT	28d. DESCRIBE HOW INJURY OF	CCURED
2 Accident Investigation 3 Suicide 6 Could not be determined	28e. PLACE OF INJURY — At home, farm, st building, etc. (Specify)	treet, factory, office	261. LOCATION (Street and Number City or Town, State)	er or Rural Route Number,
	MONAN, Year hand at the state of the state o	d at the time, date end place, and du	e to the cause(e) end manner ea st	ated.
(Check only			a time data and place and dec to	the cause(s) and manner as stated
one)	ER: On the baels of examination end/or investigation			the cause(a) and manner ea stated. ITE SIGNED (Month, Day, Year) OZ/ 4 / 9 /
(Check only one) 2 MEDICAL EXAMIN 296. SIGNATURE AND TITLE OF CERTIFIE PADGETT	ER: On the baels of examination end/or investigation ER / The LECY M.D. HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type,	n, in my opinion, death occured at the	DMBER 29d. DA	TE SIGNED (Month, Day, Year)

Pages 1, 2, 3 should

TO THE HOSPITAL DRATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22. Jours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burnary be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH
	Margaret F. Huebschman 07 06 91 /1457"
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) IF UNDER 14 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH (Month). Day, West) 7. DATE OF BIRTH (MONTH). Day, West) 7. DATE OF BIRTH (MONTH). Day, West) 7. DATE OF BIRTH (MONTH). Day, West) 7. DATE OF BIRTH (MONTH). Day, West) 7. DATE OF BIRTH (MONTH). DAY, West) 7. DATE OF BIRTH (MONTH). DAY, West) 7. DATE OF BIRTH (MONTH). DAY, West) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH). DAY, WEST) 7. DATE OF BIRTH (MONTH)
	POPACILITY NAME IN STRUMBARY TOWN TO DEATH OWSON SC COUNTY OF DEATH
DIRECTOR	Dulaney Valley Rd / Md 21204 Baltimore County Baltimore County
3EC	10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS?
	MI). Baltimore Towson 10 YES 2 X NO
RAL	100. STREET AND NUMBER 101. ZIP CODE 102. CITIZEN OF WHAT COUNTRY?
FUNERAL	11. MARITAL STATUS 12. WAS DECEMENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14. RACE — American Indian,
	Never Married 2 Married FORCES? 1 YES NO If yes, specify Cuban, Mexican, Puerto Rican, atc.) If yes, GIVE WAR OR DATES If yes specify: Black, White, atc. Specify:
D BY	3 Wildowed 4 Olvorced Augustan
COMPLETED	15, DECEDENT'S EDUCATION (Specify only highest grade completed) 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 17. December 1. December 2. December 3. December
PL	Elementary/Secondary (0-12) College (1-4 or 5+) Secretary a
S S	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname)
BE (Martin J. Huebschman Catherine E Ubl>
2	196. INFORMANT'S NAME (Type/Print) 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2814 Greenway Dr./Ellicott City, Fid. 21042
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cometary, crematory or 20c. LOCATION — City or Town, State
	150 Buriol 2 Cremetion 3 Removal from State Other place) New Cathedral Cem. Balto., Md.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 21231
	Lilly&Zeiler Inc. 1901 Eastern Ave.
	23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line.
	IMMEDIATE CAUSE (Final
	disease or condition a. ASCVI) resulting in death) a. ASCVI) DUE TO (OR THE A CONSEQUENCE OF):
_	SUE TO (OT AS A CONSECUENCE OF).
CERTIFICATION	Sequentielly list conditions, If any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF):
S	cause. Enter UNDERLYING CAUSE (Disease or Injury Due TO (OR AS A CONSEQUENCE OF):
E	thet initiated events reaulting in death) LAST
	PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a, WAS AN AUTOPSY 24b, WERE AUTOPSY FINGINGS
EDICAL	PERFORMED? AVAILABLE PRIOR TO COMPLETION OF CAUSE
ED	1
₹ ::	
PHYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER? A COMPANY OF DEATH (Check only one)
YSIG	1 YES 2 NO Inpatient 2 ERIChargetient 1 DOA Shursing Home 5 Residence 6 Other (Specify)
	27. MANNER OF OEATH 28a. DATE OF INJURY 28b. TIME OF INJURY AT WORK? 1 YES 2 NO 28d. DESCRIBE HOW INJURY OCCURED
B	2 Accident Investigation 28e. PLACE OF NUMBY At home, farm, street, factory, affice 28f. LOCATION (Street and Number or Bural Boute Number)
윤	4 Homicide determined building, et Soviety City or Town, State)
COMPLET	29a. CERTIFIER (Check only) CERTIFYING PHYSICIAN: To the best of my underlines, death occurred at the time, date and place, and due to the cause(e) and manner se stated.
OM	one) MEDICAL EXAMINER: On the basic of examination in the investigation, in my opinion, death occurred at the ilms, date and place, and due to the cause(a) and menner se stated.
l w	29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year)
TO B	
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE
	1111 8 1991 Sulia Tevidor Bondalle

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IVISION OF VITAL RECORDS, P.O. BOX 68760,	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

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certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 peut to present for use as the burial-transit permit, Pages 1, 2. The State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
Dept. c	23 \$
State 1	r Item
the	0

TO BE COMPLETED BY FUNERAL DIRECTOR

18265 91 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE REGISTRAR	STATE OF	MARYLAND / DEPAR CERTIF	TMENT OF H		MENTAL HYGIEN		10203
1. DECEDENT'S NAME (First, Middle	melia	Rebecca	Haile			AY YE	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
226-42-4105	1 M 2 F	80 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)
a. FACILITY NAME (If not institution	Λ	60	9b. CITY, TOWN O	R LOCATION OF D	Aug. 14,1	9±0	Maryland OF DEATH
4610 Hydes			Hydes			Polt	imore
RESIDENCE OF DECEDE			nydes	<u> </u>		Bart.	lliore
	COUNTY Baltimore	10c, CIT	Y, TOWN OR LOCAT Hydes	ION			10d. INSIDE CITY LIMITS? 1 YES 2/ NO
Oo. STREET AND NUMBER			101	. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
4610 Hyde	s Road			21082		II.	S.A.
I. MARITAL STATUS Never Married 2 Marrie Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. ARMED 1 YES 2 NO WAR OR DATES	13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN? (Specify Yearn, Puarto Rican, atc.)		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT	'S EDUCATION et grade completed)	18a. DECEDENT'S	USUAL OCCUPATIO	ON et of working	16b, KIND OF BU	SINESS/INDUS	TRY
Elementary/Secondary (0-12)	College (1-4 or 5	(He. Do NOT us		at or worung			
12	8		Teacher		Virgin	ia Scho	ool's
FATHER'S NAME (First, Middle, L	.ast)			18. MOTHER'S NA	ME (First, Middle, Malden	Surname)	
George Ar	ndrew Ko	lk		Daisy 2	Amelia El	izabetl	n Hoffmaster
a. INFORMANT'S NAME (Type/Pri	nt)	19b. MAILING	ADDRESS (Street a		Route Number, City or Tox		
Elmer R. Hail	le, Jr.	Sam	ne As #10)			
De. METHOD OF DISPOSITION Buriel 2 Cremation 3 Donation 8 Other (Speci	☐ Ramoval from State	20b. PLACE AND DATE	e of Disposition	(Name			or Town, State
. SIGNATURE OF FUNERAL SER				D ADDRESS OF FA		освоер.	
▶ Wallac	e S. Bra	By Dr	Ruck	Towson]	Funeral Ho	me, Ind	1050 York Towson, Md
Sequentielly liet conditions, if sny, lesding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury	N DUE 1	O (OR AS A CONSEQUENCE OF CONTRACT OF CONT	F):	J.			7 () 2 /
that initieted events resulting in deeth) LAST PART II. Other eignificent co	(a			g cause given in		RMED?	245. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
	880						
S. WAS CASE REFERRED TO MEE	RCAL.		26. PI	LACE OF DEATH C	heck only one)		
EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3 ☐ DOA	OTHER:	no 5 D Residence	8 Other (Specify)		
7. MANNER OF DEATH	28a. DATE (OF INJURY 28b. TIN		HURY AT DRK?	28d. DESCRIBE HOW	INJURY OCCUP	RED
1 Natural 5 Pendi	ng	Day, Year) IN.		YES 2 NO			
3 Suicide	28a. PLACE	OF INJURY — At home, farm, g, etc. (Specify)	street, factory, offic	:0	281. LOCATION (Street City or Town, Stets		Rural Route Number,
one) 2 MEDICAL	XAMINER: On the besis of	of my knowledge, death occurr examination and/or investigation					ause(a) and menner as stated
96. SIGNATURE AND TITLE OF	D ()		mi	29c. LICENSE NU	MBER	29d. DATE S	IGNED (Month, Day 1/4)
IO, NAME AND ADDRESS OF PER	July	ALE.	·11/1	10	2325		///91
		17 York Road,		ville, Ma	aryland 210	093	
1. DATE FILED (Month, Day, Year)	32. REGIST	RAR'S SIGNATURE					

permit. Pages 1, 2, 3 should

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit be filled within 72 hours after death with the State Dept. of Health and Mental Hygiete prior to burial, certainly, or removal.

IMPORTANT, If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatte event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146

BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

2

	1 - STATE STATE OF MARYLAND / DEPARTMENT OF HEALTH AND N CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	18266
	1. DECEDENT'S NAME (First, Middle, Lest) ADCIAL SECURITY NUMBER ADCIAL SECURITY NUMBER ADCIAL SECURITY NUMBER ADCIAL SECURITY NUMBER	2. DATE OF DEATH DAY	3. TIME OF DEATH
	216-05-2510 1 92 YRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH	s. BIRTHPLACE (State or Foreign
TOR	RESIDENCE OF DECEDENT	an Ml. of	attinge
	Md. 106. COUNTY 166. CITY, TOWN ON LOCATION	ta	10d. INSIDE CITY LIMITS? 1 YES 2 NO
	1439 Boyle St, 8/331	J 10g.	CITUZEN OF WHAT COUNTRY?
ВУ	12. WAS DÉCEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DÉCEDENT EVER IN U.S. ARMED 1 Never Married 2 Married 12. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 13. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 13. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 14. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 15. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OF HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1 YES, GIVE WAR OR DATÉS 16. WAS DÉCEDENT OR HISPAN 1	n, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, arc. Special:
TO BE COMPLETED BY FUNERAL DIRECTOR	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Demorphocy (9-42) College (1-4 or 5+) College (1-5 or 5+)	ace C	Mouster Marine
	Jan Skomas Ula	ME (First Micros, Marism Surram	7
	180 INFORMATION HOLD 1439 Bayle	It Bail	15 Md 21230
	20s. METHOD, OF OISPOSITION 1 Burlat 2 Cremation 3 Removal from State	296 ADCATION	W 2100

Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events

resulting in desth) LAST

IMMEDIATE CAUSE (Finel disease or condition resulting in deeth)

DUE TO (OR AS A CONSEQUENCE OF):

PART II. Other algnificent conditions contributing to deeth but not resulting in the underlying cause given in Part I.

ahock, or heart fellure. List only one cause on each line.

DUE TO (OR AS A CONSEQUENCE OF

23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiac or respiratory

current

DUE TO (OR AS A CONSEQUENCE OF):

Anoxic	encaphalopath		econdary	PERFORMED? 1 VES 2 NO	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO-	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	DOA LINE	R:	26. PLACE OF DEATH (Check only one) 3: sing Home 5 G Rasidenca 6 G Other (Specify)					
27. MANNER OF DEATH 1 Setural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	26c. INJURY AT WORK? 1 YES 2 NO	284. DESCRIBE HOW INJURY OCCURED					
3 Suicide 6 Could not be	26s. PLACE OF INJURY - At home	e, farm, street, fa	ctory, office	281. LOCATION (Street and Number or I	H. LOCATION (Street and Number or Rural Route Number,				

28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26s. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 6 Could not be 4 Homicide 29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, dasth occurred at the time, data and place, and due to the cause(a) and menner as stated.

basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and

THE SIGNATURE AND TITLE OF CENTSHER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Crome

n

24s. WAS AN AUTOPSY PERFORMED?

31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE 199

DHMH-18 Rev 1/89

Approximate

WERE AUTOPSY FINDINGS

AMAILABLE PRIOR TO COMPLETION OF CAUSE

Interval Between Onset and Death

BALTIMORE, MARYLAND 21203-3146	ISINAN: The law requires that the death certificate be executed within a purs after death. Page 6 may be retained by the hospital or attending physician.	s carrillicate has been signed by the attending physician and completely nited in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in me State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	e medical examiner must be netified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TO THE HOSPITAL OR ATTENDING AN SIGNAY: The law requires that the death certificate be executed within	TO THE HANDERAL DIRECTOR: After this sentificate has been signed by the attending physician and completely filled in by the fine within 72 hours after nearly will be state Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT. If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYLAN	ID / DEPART			MENTAI	HYGIENI REG. NO.	9	1 1	8267	
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			ME OF DEATH	
	ALVINE HAVILA	ND				MONTH 7			AR 1	12:15	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In)		IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH , Day, Year)	8.	BIRTHPLAC	E (State or Foreign	
	044-07-8637 9a. FACILITY NAME (If not institution, give str	1 M 2 F	88 YRS.	ONTHS DAYS	HOURS MIN.	Mas	16,19			ginia	
œ	Riverview Nur				ssex	WALL			ltimo	ore	
DIRECTOR	RESIDENCE OF DECEDENT										
H H	10e. STATE 10b. COUNTY	7.	10c. CITY,	TOWN OR LOCAT						INSIDE CITY	
	Md. Baltimore			Esse	5X				1 🗆	YES 2 NO	
FUNERAL	100. STREET AND NUMBER 135 Hampshire	Road		101	2122	21		10g. CITIZEN	OF WHAT	COUNTRY?	
3	11. MARITAL STATUS	12. WAS DECEDENT EVER IN U		13. WAS DEC	ENDENT OF HISPA	NIC ORIGIN	? (Specify Yee	or No 14.	RACE - A	nerican Indien,	
	1 Never Married 2 Merried	FORCES? 1 YES			city Cuban, Mexico 2 100 Speci		lican, etc.)		Black, White Specify:	le, etc.	
BY	3 Wildowed 4 Divorced	10 10 00 00 00 00 00 00 00 00 00 00 00 0			-X					ite	
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of		Give kind of wo	rk done during mo	ON at of working	16b.	KIND OF BUS	INESS/INDUST	TRY		
9	Elementary/Secondary (0-12)	College (1-4 or 5+)	Ille. Do NOT use	retired.)							
₩ P	12th		HOU	sewife							
႘	17. FATHER'S NAME (First, Middle, Last) Ferdinand	Tordan			18. MOTHER'S NA		iiddie, Maiden : enabe	Surname)			
B	19a, INFORMANT'S NAME (Type/Print)	Jordan	1								
2	Mary Wheeler				nd Number or Rural					1221	
	20s. METHOD OF DISPOSITION Disposition										
	21-STONATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY										
	ConnellyFuneralHome300MAceAve.21221										
	23 PART I Enter the diseases prof	mplications that caused t	wme	t antor the ma	do of dulon and	-b	llee es seenl			Anna-least	
	23. PART I. Enter the diseases, Dr complications that caused the deeth. Do not anter the mode of dying, such as cardisc or respiratory arrest, and a shock, Dr heary fellure. List only one cause on each line. Approximate										
	iMMEDIATE CAUSE (Final disesse or condition	MERKE	C	ELL	CARC	, NO	MA	_	ŀ	Onset and Death	
	resulting in death)	DUE TO (OR AS A C			UNCC		, - (, ,			1990	
_	WITH METASTASIS										
CERTIFICATION	Sequentially list conditions, If any, leading to immediate Due TO (OR AS A CONSEQUENCE OF):										
3	cause. Enter UNDERLYING										
=	that initiated events										
	resulting in death) LAST										
	PART il. Other aignificant conditions	contributing to death but	not resulting in	the underlyin	g cause given in	Part I.	24a. WAS AN	AUTOPSY	24b. WER	E AUTOPSY FINDINGS	
S	ASC	V. D					PERFOR		COM	ABLE PRIOR TO PLETION OF CAUSE	
							1 TYES 2	U NO		YES 2 NO	
≥						-			''	TES 2 [] NO	
PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (C	heck only or	e)		<u></u>		
Sic	EXAMINER? 1 TYES 2 TO NO	HOSPITAL: 1 Inpetient 2 ER/Outpeti		OTHER:	ne 5 🗆 Residenca	6 ☐ Othe	r (Specify)				
Ή	27. MANNER OF DEATH	28a. DATE OF INJURY	26b. TIME	6F 28c. IN.	IURY AT			NJURY OCCUR	ED		
ВУР	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJU		YES 2 NO						
	3 Suicide 6 Could not be	26e. PLACE OF INJURY	At home, farm, st	reet, factory, offic	•		ATION (Street a	and Number or	Rural Route I	Vumber,	
	4 Homicide determined	burianty, etc. (apoony,	,			Ony	or rown, dieter				
٦	29a. CERTIFIER 1 CERTIFYING PHYSIC	IAN: To the best of my knowled	ige, death occurred	at the time, date	and place, and du	e to the cau	ise(e) end men	ner as stated.			
COMPLETED	anal anny	: On the basis of examination e							suse(e) end	menner ee stated.	
U U	29b. SIGNATURE AND TITLE OF CERTIFIER		4		29c. LICENSE NU	MBER		29d. DATE S	GNED (Mon	th, Day, Year)	
0	Mouranelle	enrom.	MD		MD 1	0091	019	D 2/	15/91	,	
2	30. NAME AND ADDRESS OF PERSON WHO	COMPLETEO CAUSE OF DEAT	H (ITEM 27) (Type, I	Print)	MD I		Av.	1 11	1	100	
				103 E1.	me NOS	02	1-2-6	1717			
	31. OATE FILED (MONTH, 87%, 1997)	12 AEGISTRAN'S SIGNAT									

18267

BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PROCESS. The law requires that the death certificate be executed within 2-mouns after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTURAL OF THE BOARD AND THE STRENGT OF THE ACCOUNT OF THE PROCESS. THE PROCESS OF THE PROCESS OF THE PROCESS OF THE STRENGT OF THE

OR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND I	MENTAL HYGIENE
REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	FOR STATE REGISTRAR	STATE OF MARYLAND		TMENT OF		D MEN	ITAL HYGIENE REG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Lest) 2. DATE OF DEATH MONTH DAY YEAR 3. TIME OF DEATH									TIME OF DEATH
	Russell Lee Has	tings						991		:45 P M
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. I	ast birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS	s. 7. C	ATE OF BIRTH Month, Day, Year)			ACE (State or Foreign
	220 12 2100	1 5 × 2 □ F 78	YRS.	MONTHS DAYS	HOURS MIN		09 12 19	12		cester
	9a. FACILITY NAME (If not institution, give str			9b. CITY, TOWN	OR LOCATION OF	_			TY OF DEAT	
DIRECTOR	10323 Henry Road			Wor	ceste	er				
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY	T.,	Berlin							
E				Y, TOWN OR LOCA	HON					Dd. INSIDE CITY LIMITS?
	Md Worce:	ster	Be	erlin	f, ZIP CODE			40- CITIZ		T COUNTRY?
FUNERAL	A STATE OF THE PARTY OF THE PAR	í			72. 1969.					AI COUNTRY?
N N	10323 Henry Road	12. WAS DECEDENT EVER IN U.S. A	RMED	13 WAS DE	21811	PANIC O	RIGIN? (Specify Yea	USA		- American Indian,
3	1 Never Married 2 Married	FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yea, a	pecify Cuban, Mar	xican, Pu		0	Black, V	White, atc.
BY	3 Widowed 4 Divorced	IF TES, GIVE WAN ON DATES		'''	S 2 THO Sp	ecity:			зреспу.	White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION 16a. (DECEDENT'S	USUAL OCCUPAT	ON ost of working		16b. KIND OF BUS	INESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during mee retired.)						
MP	8	Co	<u>ook o</u>	n Tug I				ok		
8	17. FATHER'S NAME (First, Middle, Last)				1		First, Middle, Malden			
BE	Gordon						zabeth			
2	19a. INFORMANT'S NAME (Type/Print)						Number, City or Town			
	Annabelle Mitchell			3 Henry SITION (Name of co			rlin. Md		811 City or Town	State
	1 Burial 2 Cremation 3 Remo	oval from State other	place)							, 0.00
	21. SIGNATURE OF FUNERAL SERVICE LIC	Presbyterian Timmonstown Cem. Berlin, Md 122, NAME AND ADDRESS OF FACILITY								
	Burbage Funeral Home									
	23. PART I. Enter the diseases, or c	Mutage		108	William	s Si	Berli	n, M	d. :	21811
	ehock, or heart fellure. I	complications mat coused the c List only one couse on each ile	ne.	not enter the m	ode of dying, i	such es	cerdiec or respir	atory am	est,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition	Day 10 10		0		ì	20:			Onset end Deeth
	resulting in daeth)	- FREE IOSCIE	ROTIC	lanc	hovascu	uan	- Wisea	JE_		-
_	_		SECOLINOE C	.,,.						i
CERTIFICATION	Sequantially list conditions, if env. leeding to immediate	DUE TO (OR AS A CONS	SEOUENCE C	F):						†
8	ceuse. Enter UNDERLYING CAUSE (Disease or injury	ceuse. Enter UNDERLYING								
E	thet initieted events	OUE TO (OR AS A CONS	SEOUENCE C	F):						
	resulting in death) LAST	d								
	PART II. Other significant condition	s contributing to deeth but no	t resulting	In the Underlyl	ng cause given	in Pari				VERE AUTOPSY FINDINGS
8							PERFOR		0	MAILABLE PRIOR TO COMPLETION OF CAUSE
							1 TES 2	X no		F DEATH?
∑										
M	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH	(Check o	only one)			
PHYSICIAN: MEDICAL	EXAMINER?	HOSPITAL: 1 Inpetient 2 ER/Outpetient	3 DOA	OTHER:	me 8 Realder	nce 8 🗆	Other (Specify)			
₹	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TH		JURY AT	280	d. OESCRIBE HOW II	JURY OC	CUREO	
ВУ Б	Natural 5 Pending Investigation	(MOINT, Day, Your)			YES 2 NO					
ED E	3 Suicide 8 Could not be	28e. PLACE OF INJURY — At building, etc. (Specify)	home, farm,	atreet, factory, of	Ica	281	LOCATION (Street a	nd Number	or Rural Roo	ute Number,
	4 Homicide detarmined									
PL		CIAN: To the best of my knowledge,	death occur	red at the time, da	te and place, and	dua to ti	he cause(a) and mer	ner as stat	ed.	
COMPLET	one) 2 MEDICAL EXAMINE	R: On the basis of examination and/	or investigati	on, in my opinion.	death occured at	t the time	, data and place, an	d due to th	e cause(a)	and manner as stated.
BE C	29b. SIGNATORE AND TITLE OF CERTIFIER	1 1 1			29c. LICENSE	NUMBER	3	29d. DAT	E SIGNED (Month, Day, Year)
	Vetus Nobe	MMD			230	619	7	1	July	1,1991
٩	30. NAME AND ADDRESS OF PERSON WH		TEM 27) (Typ	e, Print)	0.		10		44.1	4.15
		BBOTT MD.	(04	45 Oce	can City	Blu	d Ben	init	Md	21811
	31. DATE FILED (Month, Day, Year) JUL 08 199	32. RIGISTRANS SIGNATURE	Rande	2						
		1								

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Pages 1, 2, 3 should

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page 5 should be detached

director,

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N OF VITAL RECORDS, P.O. BOX 68760,	Description The land stand that deads and distant he mounted within 34 hours after death Dean E.

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 2.49 Au Juliet Lucille Harmon 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year 8. BIRTHPLACE (State or Foreign DAVE 1 | M 2 | KF 12/ 18-1900 224-50-5195 Pennsylvania 9a. FACILITY NAME (If not institution, give str 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH Silver HOLY Cross mont DIRECTOR nring 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY 1 YES 2 NO Maryland Montgomery Potomac FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 8309 Raymond Lane 20854 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. Il yes, specify Cuban, Maxican, Puerto Ricen, etc.)

1 YES 2 NO Specify: FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO 1 Never Married 2 X Married Specify: White BY 3 Widowed 4 Divorced 8 18a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comp COMPLET Flementery/Secondary (0-12) College (1-4 or 5+) Actress Entertainment once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) F Frank Immerman Marie Unknown notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Charlotte Hoffer 8309 Raymond Lane Potomac MD 20854 2 20c. LOCATION — City or Town, State 20h PLACE AND DATE OF DISPOSITION (Name APATE must Norfolk, Hebrew Cemetery examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ives-Pearson Funeral Home 100 23. PART I. Enter the disease, or complications that caused the deeth. Do not enter the mode of dying, such as cerdical or respiratory arrest, GA 22201 medical Approximate shock, Dr heart fallure. List Dnly Dne ceuse off eech line. Interval Between 0 Onset and Death IMMEDIATE CAUSE (Finel Urbsepsis DUE TO (OR AS A CONSEQUENCE OF): cremation, event, the disease or condition and completely fi burial, cremation resulting in death) DUE TO (OR AS A CONSEQUENCE OF): other traumatic CERTIFICATION Sequentielly list conditions, 02 if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events 4-0 Hygiene prior DUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST 6 the atten Injury, PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? PHYSICIAN: MEDICAL Health and Vera shows any 1 - YES 2 NO 1 YES 2 - 10 Dept. 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATH (Check only one) this certificate h with the State [Item OTHER: 1 YES 2 THO tient 2 - ER/Outpatient 3 - DOA ne 5 🗆 Realdence 6 🗀 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, 1 Natural 5 Pending Investigat 1 YES 2 NO L OR ATTENDING PH. L DIRECTOR: After the hours after death w BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281, LOCATION (Street and Number or Flural Floute Number, City or Town, State) 3 Suicide 60 ETED 8 Could not be determined 4 Homicide 28 Item COMPL 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h isia of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 31001 2/5/9/ MID 2 (Type, Print) Catr. 2 may EP 2 ur Green 20170 32. REGISTRAR'S SIGNATURE 199 Julia Davidson-Randell

TO BE COMPLETED BY FUNERAL DIRECTOR

	1 - STATE STATE CERTIFICATE OF DEATH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.													
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF C	DAY		YEAR	3. TIME OF D	
	William	Hirsch							07 0		1991		4:10	
- 8	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	t birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF B (Month, Day 11/19/	IRTH (16ar)		Country)	PLACE (State of	
	579 30 6842 9a. FACILITY NAME (If not institution, give st		63	rno.	9b. CITY	TOWN C	R LOCATIO			1947				rk
Œ	96. FACILITY NAME (If not institution, give street and number) 11609 ½ A Windward Drive 96. CITY, TOWN OR LOCATION OF DEATH Ocean City 96. COUNTY OF DEATH Worcester													
DIRECTOR	RESIDENCE OF DECEDENT													
뿐	10e. STATE 10b. COUNTY				Y, TOWN							ŀ	10d. INSIDE	
	Md Worce	ster		0	cean	-	. ZIP CODI	E		T	10a, CITIZI		1 DYES 2	
FUNERAL	11609 🖟 A Windy	ward Dri	Ve				1842				USA			
3	11. MARITAL STATUS		T EYER IN U.S. ARI	MED		WAS DEC	ENDENT C	F HISPAN	IC ORIGIN? (Sp			4. RACE	- American White, atc.	Indian,
BY F	1 Never Married 2 XX Married 3 Widowed 4 Divorced	IF YES, GIVE Y	WAR OR DATES	Ю				Specify	n, Puerto Ricen :	, etc.)		Specify	A 100 CO CO CO CO CO CO CO CO CO CO CO CO CO	
	15. DECEDENT'S EDUC	CATION	16a DEC	CEDENT'S	USUAL O	CCUBATIO	M		185 KINI	D OF BUS	INESS/INDU	STDV	WITTE	5
E	(Specify only highest grade Elementary/Secondary (0-12)		(Gi	ive idnd of Do NOT u	work done	during mo	st of working	ng	100. KIN	D OF 803	INESS/INDO	31111		
P.	Lientens y cocondary (o-12)	2		taur	ant	Ow	ner	,	F	Resta	uran	t		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)						18. MOT	HER'S NAI	ME (First, Middle	, Malden S	Sumame)			
BE	The state of the s	sch			_				Tempci					
2	199. INFORMANT'S NAME (Type/Print) Herbert B. Hirs	sch							Avon				06001	
	Herbert B. Hirsch 64 Hurdle Fence Dr, Avon, Connecticut 06001 20e. METHOD OF DISPOSITION 20e. METHOD OF DISPOSITION 20e. LOCATION — City or Town, State													
	1 X Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify) King David Memorial Garden Falls Church, Va.								ι.					
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY DONALD M.STEIN HEBREW MEMORIAL FUNERAL HOME													
	1 Donald	C. 1	tottler	nye					REET.					D.C.
	shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only/one car	ngest).	not ante	r tha mo	da of dy	ing, suci		or reapli	ratory arre		Appro	oximate rai Between t and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):													
	PART II. Other aignificant condition	a contributing to	death but not r	resulting	in the u	nderlyin	g cause	given in	Part I. 24s	. WAS AN		24b.	WERE AUTOP	
PHYSICIAN: MEDICAL									1	YES 2			COMPLETION OF DEATH?	
WE													1 YES 2	≀ □ NO
ä									0.1					
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:			ОТНЕ	R:			eck only one)					
HYS	27. MANNER OF OEATH	28e. DATE O		28b. TII	ME OF	28c. IN.	IURY AT	aaldanca	8 Other (Sp. 28d. DESCRI	_	NJURY OCC	URED		
ВУ Р	1 Natural 8 Pending	(Month, I	Day, Year)	16	IJURY M		ORK? YES 2 [_ NO						
	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE (building	OF INJURY — A1 ho , etc. (Specify)	ome, farm,	atreet, fac	ctory, offic	a		28f. LOCATIO City or To	N (Street a wn, State)	and Number	or Rural R	loute Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	ICIAN: To the best of											i) and manner	r as stated.
BE	29h MATURE AND TITLE OF CERTIFIE	H U	leze	1			29c. LIC	30°	MBER 7 4 3		29d. DATE	SIGNED	(Month, Day,	Year)
5	30, NAME AND PRESS OF PERSON WI	O COMPLETEO CAL	JSE OF DEATH (ITE	M 27) (Typ	oe, Print)								/ /	/

32 REGISTRAR'S SIGNATURE
Juna Davidson-Randale

permit. Pages 1, 2, 3 should

burial-transit

page 5 should be detached for use as the

the funeral director,

FOR

STATE REGISTRAR

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	HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within . — Jurs at	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by
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DIVISION OF VITAL RECORDS, P.O. BOA 13149,	9	ㅎ
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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH JULY 2 3. TIME OF OEATH A 1991 HART ELOISE LaDORNE 4:00 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX 7. DATE OF BIRTH (Month, Dev. Year) IF UNDER 1 YEAR IF UNDER 24 HRS. 6. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS 1 🗌 M 2 🙀 F 579-38-1706 62 YRS MARCH 19,1929 MARYLAND 9a. FACILITY NAME (If not inatitution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR TIMBERLAKE DRIVE SILVER SPRING MONTGOMERY 15108 RESIDENCE OF DECEDENT 10a STATE 10b. COUNTY 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY MARYLAND MONTGOMERY BROOKEVILLE 1 - YES 2 NO FUNERAL 10a STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21231 NEW HAMPSHIRE AVENUE 20833 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, atc. FORCES? 1 TYES 2. If yes, specify Cuban, Maxican, Puarto Rican, atc.) 1 X Never Merried 2 Merried 1 TYES 2 X NO Specify: WHITE BY 3 Wildowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 12 CLERICAL 1 INSURANCE 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Maiden Surname) notified at ARCHIBALD GARTRELL LAURA ELOISE ALLISON H 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 LAURA E. GARTRELL Same as #10 ě 20a. METHOD OF DISPOSITION
1 Burlal 2 Cremation 3 Removal from Stata 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION — City or Town, State must other place)
STATE ANATOMY BOARD 4 N Donation 5 Other (Specify) BALTIMORE, MD. 21201 examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY MURIEL H. BARBER FUNERAL HOME esta LAYTONSVILLE. MD. BOX5038. medical 23. PART VEnter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximata shock, or heert feilure. Liet only one ceuse on each line. interval Between 0 Onset and Deeth IMMEDIATE CAUSE (Finei cremation, the disease Dr condition_ Lower / 100 resulting in death) Whent event, OUE TO (OF AS A CONSEQUENCE OF): burial, traumatic CERTIFICATION Sequentially list conditions, QUE TO (OR AS A CONSEQUENCE OF): nding physician at Hyglene prior to if any, leading to immediate cause. Enter UNDERLYING other t CAUSE (Disease or injury that initieted events DUE TO (OR AS A CONSEQUENCE OF): recuiting in deeth) LAST 6 signed by the atter Health and Mental min', PART II. Other aignificent conditions contributing to deeth but not resulting in the underlying ceuee given in Part i. 24s. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL 23 shows any COMPLETION OF CAUSE 1 _ YES 2- NO OF DEATHS 1 TYES 2 NO Deen has be Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) Item State | EXAMINER? HOSPITAL: OTHER: Inpetient 2 - ER/Outpetient 3 - DOA 4 - Nursing Home 5 Realdence 8 - Other (Specify) the 6 27, MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. OEŞCRIBE HOW INJURY OCCUREO is marked, this (1 Natural 5 Pending 1 YES 2 NO After to death v BY Investige 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED DIRECTOR: Item 28 4 Homicide determined 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL (De filed within 72 h (Check only one) MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the ceuse(e) and manner ee stated. 216 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) hus 13.83 We ? llo-2-2 38. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) DILLON, DONALD E. M. D. OLNEY, MARYLAND 20832 32. REGISTAR'S EIGHATUMENTE

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2 Just after death. Page 6 may be retained by the hospital properties of the control of the properties of t	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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	9-1-3737-510 1 - STATE REGISTRAR	STATE OF I	MARYLAND /		TMENT 0				YGIENI EG. NO.	E 9	1	18272
	1. OECEOENT'S NAME (First, Middle, Last)		Te	V	Ince	Is.	DAC	2. DATE OF D	04 ^{pa}	199		TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 110-60-2066	5. SEX 1 M 2 F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YE MONTHS DA	AR IF UN	DER 24 HRS.	7. DATE OF B	и птн (<u>У</u> бе б) З		Country)	ACE (State or Foreign York
O.	9a. FACILITY NAME (If not institution, give si O.R. UNIVER		HOSPITAL 96. CITY,				IMORE		9c. COUNTY OF I			Н
DIRECTOR	10a. STATE 10b. COUNTY	′		10c. CIT	y, TOWN OR L Balt:		e Cit	-y				d. INSIDE CITY LIMITS? YES 2 NO
FUNERAL	3915 Liberty				212	15			US	SA	AT COUNTRY?	
B≼	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES?	IT FVER IN U.S. AF I YES 2 MAR MAR OR DATES	IMED NO	13. WAS DECENDENT OF HISPANIC ORIGIN If yes, specify Cuben, Maxican, Puarto 1 — YES 2 NO Specify:					or No— 1		American Indian, thita, atc. Black
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 1 2		(G	ive kind of . Do NOT u	usual occu work done during se retired.) stude:	g most of w	orking	16b. KIN	D OF BUS	SINESS/INDU	STRY	
BE CON	17. FATHER'S NAME (First, Middle, Last) Andre Isaac					16. W	Andı Andı	AME (First, Middle rea Bi	e, Maiden rth	sumame) right	t	
10 6	19a. INFORMANT'S NAME (Type/Print) Andrea Birthri	ght	3	333	Broa	dway	New	York,	New	Yorl	k 10	
	20a. METHOD OF DISPOSITION 1		other p	lace)	wn Ce	mete		AGU PTV		rlaw:		, stata Iew Jerse
	* Carlofon	C. K	Joursa	in	Do 17	ugla 01 M	ss Fi cCuli	uneral loh St				
	23. PART 1. Enter the diseases, or ehock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	e. MUUT P	use on leadin line	0.				ch as cardlec	or reapl	ratory arres	et,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c	O (OR AS A CONSE									
PHYSICIAN: MEDICAL CE	PART II. Other algnificant condition	e contributing to	o deeth but not	resulting	In the unde	riying cau	se given in		YES 2		AA CI Di	TERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION DF CAUSE F DEATH? YES 2 NO
SICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	.HOSPITAL:	☐ ER/Outpatient :	3 🗆 DOA	OTHER:			heck only one)	pecify)			
ву РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	07	04 1991	9:4	5P M	c. INJURY A WORK?			SUBJ	ECT SI	TOF	
	3 Salicide 6 Could not be 4 Homicide detarmined	STRE	of Injury — At h I, atc. (Specify) BT-600 N	ORTH	MOUNT	STRE		City or R	BALT	IMORE	CITY	
COMPLETED	ann)	ER: On the besis of										and menner as stated.
TO BE (30. NAME AND ADDRESS OF PERSON W	hour	USE OF DEATH (IT)	M7 (5-	a Print)	29c.	OCM			≥ 07	SIGNED (M	forth, Dey, Year) 05 1991

COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

111 PENN STREET

BALTIMORE, MARY. AND 21201

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DEST OF NOR

BALTIMORE, MARYLAND 21203-3146 urs after death. Page 6 may be retained by executed within BOX 13146, HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be P.0. DIVISION OF VITAL RECORDS,

use as the burial-transit permit. Pages 1, 2, 3 should the hospital or attending physician. Ď page 5 should be detached once. ᅗ notified be must examiner the funeral medical filled in by 6 and completely fille burial, cremation, he event. traumatic prior to 1 attending physician other 5 the atter Injury, Health and any t. of Heal. Dept. FUNERAL DIRECTOR: After this certificate ha within 72 hours after death with the State D ITANT: If Nem 28 Is marked, or Nem 3 IMPORTANT: II 里里

1 Netural

3 Suicide

2 Accident

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DR.MARGARITA KORELL A.M.E.

91 18273 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Lest) 3. TIME OF DEATN 1991 MARY ADDIE JONES 09:21 A.M 4. SOCIAL SECURITY NUMBER 5. SEX 7. DATE OF BIRTH a. BIRTNPLACE (State or Foreign 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS 02-07-08 1 M 2 K F 83 213-26-0058 YRS. MD 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN DIRECTOR 1732 E.CHASE STREET BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10d. INSIDE CITY 10b. COUNTY 19c. CITY, TOWN OR LOCATION MD BALTIMORE, CITY 1 YES 2 NO 10s. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WNAT COUNTRY? FUNERAL 1732 E. CHASE STREET 21213 USA 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 4NO 14. RACE — American Indien, Black, White, etc. 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuben, Mexicen, Puerto Rican, etc.) 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATES 1 TYES 2 NO Specify: Specify: BLACK ВҰ 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 18b. KINO OF BUSINESS/INDUSTRY (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 6th DOMESTIC 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) WILLIAM ROLES ISABELLE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 KENNETH M. **JONES** 1732 E. CHASE ST./BALTIMORE, MD. 20a. METHOD OF DISPOSITION
1X Burlet 2 □ Cremetion 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State 4 Donation 5 Other (Specify) MD. NATIONAL MEM. CEMETERY LAUREL MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY B adus WM.C. MARCH F.H. 1101 E. NORTH AVENUE anen 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart failure. List only one cause on sech lina. Interval Betwe Onset and Death **IMMEDIATE CAUSE (Final** disease or condition_ . ATHMOSCIONOTIC CANDIUNASCUIR PISTASE resulting in death) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata **Enter UNDERLYING** CAUSE (Diseese or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 - YES 2 NO 1 | YES 2 | NO INQUIRY PHYSICIAN: 26. PLACE OF DEATH (Check only one) 25. WAS CASE REFERRED TO MEDICAL HOSPITAL: OTHER: atlent 2 - ER/Outpatient 3 - DOA 1 TYPES 2 NO ng Nome 5 🏋 Residence 8 🗆 Other (Specify) 28e. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED

4 Homicid	e determined		
29e. CERTIFIER (Check only	1 CERTIFYING PHYSICIAN	To the best of my knowledge, death occurred at the time, date and piece, and due to	the causs(e) and manner ee stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

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2 X XMEDICAL EXAMINER: On the basie of examination end/or investiga	ation, in my opinion, death occured at the time, date end place	, end due to the cause(e) and manner as stated.
296. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
	OCME	N 07-0/- 1001

		1	U	W	乜	9	V '	1	/	44	y	<u>U</u>	<u>ノ</u>					
30. P	AME	AND	AODE	ESS	OF I	PERS	ON	WNO	COMP	LETE	D C	AUSE	OF	DEATN	(ITEM	27) (Туре,	Print)

111 PENN STREET BALTIMORE MARYLAND 21201

O.C.M.E.

1 YES 2 NO

31. DATE FILED (Month, Day, Year) La Daydson-Kandell 28f, LOCATION (Street end Number or Rural Route Number, City or Town, State)

▶ 07-04-1991

0.0

		1 - STATE REGISTRAR	STATE OF MA	ARYLAND C	DEPARTE	TMENT (OF H	EALTH AND DEATH	MEN	ITAL HYGIEN			18274
		1. DECEDENT'S HAME (First, Middle, Last)								DATE OF DEATH		YEAR	3. TIME OF DEATH
		Donald Eugene 4. SOCIAL SECURITY HUMBER							Jī	ily 6, 1	991		8:32 AM
		Control State (All Control State (Control State (Co	5. SEX	AGE (in yrs. le		IF UNDER 1 Y	YEAR DAYS	IF UNDER 24 HRS.	7. 0	MATE OF BIRTH Month, Day, Year)	1	. BIRTHE	PLACE (State or Foreign
pool		220-34-5907 9a. FACILITY HAME (If not institution, give at		51	YRS.					L-5-1939			land
8 A	Œ	3416 Hernwood Rd						R LOCATION OF	DEATH		9c. COUNT		
1, 2,	18	RESIDENCE OF DECEDENT				WOC	oasi	tock			c 1 mo	re County	
Sage	DIRECTOR	10e. STATE 10b. COUHTY			10c. CITY	TOWN OR	LOCATI	ОН					10d. IHSIDE CITY LIMITS?
регтіт. Pages 1, 2, 3 should		Maryland Balt	imore		Wo	odsto	ck						1 YES 2XXHO
<u>8</u>	FUNERAL						2.5	ZIP CODE				H OF W	HAT COUHTRY?
(1)	N N	3416 Hernwood Rd.	12. WAS DECEDENT	EVED IN II.e. A				21163			USA		
0000	BY FL	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2XX	NO	IT ye	es, spe	HDEHT OF HISP cify Cuben, Mexi 2XXNO Spec	can, Pu	RIGIN? (Specify Yea arto Rican, atc.)	or Ho—	Black, Specify	— American Indian, White, etc.
OLE S	B	15. DECEDENT'S EDUC	ATIOH	18e, D	ECEDENT'S L	ISUAL OCCL	JPATIO	н		16b. KIHD OF BUS	INESS (INO. II	Trov	White
212	1	(Specify only highest grade Elementary/Secondary (0-12)	Coffege (1-4 or 5+)	(0	live kind of we Do NOT use	ork done duri	ing mos	t of working		IOO. KIND OF BUS	SINESS/INOUS	SINY	
AND he hospitz detached	COMPL	11th Grade		Se	1f Em	ploye	d			Contrac	ting E	irm	
LAN the hos detach	00	17. FATHER'S HAME (First, Middle, Last)						18. MOTHER'S H	AME (F	irst, Middle, Meiden	Surname)		
RYL ed by uid be	BE	Joseph Edward Jon	es							E. Higgs			
MARYLAND 21 re retained by the hospital or 5 should be detached for u notified at once,	10	19a. IHFORMAHT'S HAME (Type/Print)								Number, City or Town			
(I)		Mrs. Artis Jones			3416 H					stock, M		1163	
		1 Burial 2 Cremation 3 Ramo	val from Stata		AHD DATE OF			eol L Park 7	7-10		LOCATION City or Town, State 7 Kesville, MD		
Page 6 al directo		21. SIGHATURE OF FUHERAL SERVICE LIC	EHSEE	Lake	ATEM	22. HAR	ME AND	ADDRESS OF F	ACILITY	,			
BALTIMORE, after death. Page 6 may by by the funeral director, page moval. cal examiner must be		> Och VA	Loring Byers Funeral I										
Es year		23. PART I Enter the diseases, or c	complications that caused the death. Do not enter the mode of dying, such as certified as resolutions and										
		ahock, or heart fellure. I	lat only one cause	on each line	B.	1	a mou	e or dyring, so	CII as	cerulec or reapil	ratory erres	τ,	Approximate Interval Between
		disease or condition resulting in death)	auto	Muse	00	1/9	n. 6	Brother					Onset and Death
executed within and completely o burial, cremati natic event, t		resulting in acating	OUE TO (O	R AS A CONSE	OUENCE OF	VV	H	THE WAY	-				Theeling
Brecuted and company or burial, natic even	N N	Sequentially list conditions,				(
Se or in	CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OI	R AS A COHSE	QUENCE OF):	:							
O. BOX ertificate be en ing physician traun other traun	FI C	CAUSE (Disease or Injury that initiated events	DUE TO (O	R AS A CONSE	DUEHCE OF								
J. P.O. death certil attending mtal Hygiel ry, or oth	E	resulting in death) LAST											
RDS, P.O. B(t the death certificate by the attending physion of Mental Hygiene pri injury, or other tr		PART II Other classificant and III											1
C # 5 5 5	CAL	PART II. Other significent conditions	contributing to de	sth but not	resuiting in	the under	riying	cause given i	Part i	. 24a. WAS AH /			VERE AUTOPSY FINDINGS WAILABLE PRIOR TO
RECO requires the sen signed or Health	EDI									1 TYES 2	NO.		COMPLETION OF CAUSE OF DEATH?
- 6	Σ						_				•	1	☐ YES 2 ☐ HO
VITAL I	SICIAN	25. WAS CASE REFERRED TO MEDICAL				2	26. PL A	CE OF DEATH (C	heck on	v onel			
F VITA SICIAN: The certificate h the State if	SIC	EXAMINER?	HOSPITAL:	R/Outpatient 3		OTHER:		Residence					
L. 9 8 7	РНУ	27. MAHHER OF DEATH	28a. DATE OF IH. (Month, Day,	JURY	26b. TIME	OF 280	c. IHJUI	RY AT	_	DESCRIBE HOW IN	JURY OCCUR	ED	
ON OING PHYS After this death with	ВУ	Hatural 5 Pending 2 Accident Investigation	(monut, buy,	rour)	injui		WOR	K7 S 2 HO					
O O A O W	ED	3 Suicida 6 Could not be	28e. PLACE OF III building, atc	JURY - At ho (Specify)	me, farm, str	eel, factory,	office		281.	OCATIOH (Street at City or Town, State)	nd Number or	Rural Rou	rte Number,
IVISI A ATTEN RECTOR: Urs after m 28 i	ET	4 Homicide detarmined							Į (or lown, oralle)			
- 1 - 1	4	29a. CERTIFIER (Check only 1 CERTIFYING PHYSIC	IAH: To the best of my	knowledga, de	ath occurred	at the time,	data a	nd place, and du	a to the	cause(a) and mann	ner as stated.		
TO THE HOSPITAL TO THE FUNERAL be filed within 72 IMPORTANT; II	COMPL	one) 2 MEDICAL EXAMINER	On the basis of exam	ination and/or	investigation,	in my opinie	on, dea	th occured at the	time, c	leta and placa, and	dua to the c	ouse(a) a	nd menner as stated.
THE H filed w	BE	296. SIGHATURE AND TITLE OF CONTIFIER		. ^				29c. LICEHSE HU	MBER	/	29d. DATE S	IGHED (A	fonth, Day, Year)
6 6 8 M	2	30. HAME AND ADDRESS OF FERSON WHO	0006	tedical.	RAM	e		Dole	AC.		174	16,	1991
(Mg)		Starley Z. Fel	JAN HATE	DE DEATH (ITE	M 27) (Type, P	cint)	مم	PR 2	20	7_	-		7
100		31. DATE FILEO (Mahin, Day, Year)	199 PEGISTRAN	SIGNATURE	an-han								



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	土	THE	POR
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the commencine be executed within 24 nours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT 3 NAME (F#St,	Middle, Last)								TE OF DE	ATN		WEAT	3. TIME OF DEATN
Leroy Jor	ies							l we	OG-	30	5 9	YEAR	9:42A
4. SOCIAL SECURITY NUMBER 243-50-0885	R	5. SEX	6. AGE (In yra		IF UNDER	DAYS	IF UNDER 24 HRS	7. DA	onth Day 1	TH	3	8. BIRTH Count	N. C.
9a. FACILITY NAME (# not ins							on Location of	DEATN			9c. COUNT	TY OF E	
	10b, COUNTY				ту, тоwn d altimo		TION						10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2806 Violet A	venue					10	f. ZIP CODE				U S		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 📈 1 3 Widowed 4 Divon			T EVER IN U.S. YES 2 MAR OR DATES	₹\\\		If yes, sp	CENDENT OF NIS secity Cuban, Mar 2 NO Sp	ican, Pue			or No-	14. RACI Blac Spec	E — American Indian, k, White, etc.
	DENT'S EDUC highest grade ((Give kind of the Do NOT	work done	during mo	ON ost of working		16b. KIND	OF BUS	INESS/INDU	JSTRY	
17. FATNER'S NAME (First, Mic James Luthe							18. мотнея's Matti		st, Middle, i Howan		Surname)		
19a. INFORMANT'S NAME (T) Ella Jones	pe/Print)				G ADDRES		and Number or Au Baltimore			or Town	, State, Zip (Code)	
20a, METHOD OF DISPOSITION 1 DA Buriel 2 Cremetion 4 Donation 5 Other	n 3 🗆 Remo	wal from State		Dancy			l (Nama	4	91		DOMO,		
THE STREET OF THE STREET OF													
21. SIGNATURE OF FUNERAL 23. PART I. Enter the die	la seeses, or c	MA emplications the	rch at coused the	e death. Do	22.	Mar 430	no address of Ch F/H W 00 Wabash ode of dying, a	est Aven	ue	r respir	ratory arre	est,	Approximate
23. PART I. Enter the disabock, or he IMMEDIATE CAUSE (Findisesse or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII	Beeses, or coert fellura. I al	DUE TO	at coused the use on each	o death. Do	not enter	Mar 430	rch F/H W 00 Wabash	est Aven	ue	r reapir	ratory arre	est,	Interval Betwe
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23. PART I. Enter the disabock, or he immediate Cause (Findisease or condition resulting in death) Sequentially list condition if any, leading to immediate. Enter UNDERLYII CAUSE (Disease or Injurthat initiated events resulting in death) LAST	seeses, or coert fellurs. I all the light one, liste light one, liste light one one of the light one of the	DUE TO DUE TO DUE TO DUE TO	at ceused the use on each	e death. Do line. NEQUENCE INSEQUENCE	not enter	Mar 430 r the mo	rch F/H W 00 Wabash ode of dying, s	est Aven	UE cardiac or		AUTOPSY MED?		Interval Betwe
23. PART I. Enter the disabock, or he immediate CAUSE (Findisesse or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or injuit that initiated events resulting in death) LAST PART II. Other algnificer HTM COLOR 25. WAS CASE REFERRED TO	ons, liste on the condition	DUE TO	at ceused the use on each	e death. Do line. NEQUENCE INSEQUENCE	not enter	Mar 430 r the mo	rch F/H W 00 Wabash ode of dying, s	est Aven such as	UE cardiac of	WAS AN A	AUTOPSY MED?		b. WERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
23. PART I. Enter the disabock, or he IMMEDIATE CAUSE (Findlesses or condition resulting in death) Sequentially list condition if any, leading to immediate cause. Enter UNDERLY III CAUSE (Disease or Injurithet Initiated events resulting in death) LAST	ons, liste on the condition	DUE TO DUE TO DUE TO DUE TO	at ceused the use on eech o (OR AS A COM O) (O	e death. Do line. NEQUENCE NSEQUENCE NSEQUENCE NSEQUENCE	DF): OF): OF): OF):	Mar 430 r the mo	rch F/H W 00 Wabash de of dying, s	Aven Aven In Part	UE cardiac or	WAS AN PERFOR	AUTOPSY MED?		b. WERE AUTOPSY FINDING AMALBLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Findlesses or condition resulting in death) Sequentielly list condition from the immediate cause. Enter UNDERLYII CAUSE (Disease or Injuithat initiated eventa resulting in death) LAST PART II. Other algnificer HTT PART III. Other algnificer HTT PART III. Other algnificer HTT PART III. Other algnificer 25. WAS CASE REFERRED TO EXAMINER? 1 PART III. Other algnificer 1 PART III. Other algnificer 25. WAS CASE REFERRED TO EXAMINER? 1 PART III. Other algnificer 26. WAS CASE REFERRED TO EXAMINER? 27. WANNER OF OEATH 18. Netural 5 12. Netural 1. Netural 5 13. Netural 1. Netural 5 14. Netural 1. Net	one, liste on condition of the condition	DUE TO DU	at ceused the use on each of the property of t	nsequence of the sequence of t	OF): OF): OF): OF): OTHE 4 Numerof NJURY M., street, factoring at the	May 430 r the mo	Ch F/H WOO Wabash Dode of dying, so Dode of dyin	in Part (Check on 28d.	UE Location (Spec Describe) Location of Review of Revi	WAS AN PERFORM YES 2 (Street a fig. (Street a fig. 7, State)	AUTOPSY MED? NO NJURY OCC	24I	Interval Betwee Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset On
23. PART I. Enter the disabock, or he iMMEDIATE CAUSE (Findlesses or condition resulting in death) Sequentielly list condition from the immediate cause. Enter UNDERLYII CAUSE (Disease or Injuithat initiated eventa resulting in death) LAST PART II. Other algnificer HTT PART III. Other algnificer HTT PART III. Other algnificer HTT PART III. Other algnificer 25. WAS CASE REFERRED TO EXAMINER? 1 PART III. Other algnificer 1 PART III. Other algnificer 25. WAS CASE REFERRED TO EXAMINER? 1 PART III. Other algnificer 26. WAS CASE REFERRED TO EXAMINER? 27. WANNER OF OEATH 18. Netural 5 12. Netural 1. Netural 5 13. Netural 1. Netural 5 14. Netural 1. Net	Descess, or controllers. I all the little li	DUE TO DU	at ceused the use on each of the property of t	nsequence of the sequence of t	OF): OF): OF): OF): OTHE 4 Numerof NJURY M., street, factoring at the	May 430 r the mo	Ch F/H WOO Wabash Dode of dying, so Dode of dyin	in Part (Check on 28d. 28f. due to the time,	UE Location (Spec Describe) Location of Review of Revi	WAS AN PERFORM YES 2 (Street a fig. (Street a fig. 7, State)	AUTOPSY MED? NO NJURY OCC and Number of the state of dua to the	24I Divided Or Rural e cause	b. WERE AUTOPSY FINDIN MALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO

permit. Pages 1, 2, 3 should

DIRECTOR

FUNERAL

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COMPLETED

BE

2

BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED

4 Homicide

31. DATE, FILED (Month, 80%, 1991

1 -

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR STATE REGISTRAR		STATE OF M	MARYLAN	ID / DEPAR CERTIF					MENTAL HYGIEN			8216
1. DECEDENT'S NAME (First,	Middle, Lest)								2. DATE OF DEATH			3. TIME OF DEATH
Marie A	. Jone	S							7-7-91	W.	YEAR	7:28 A. M
			6. AGE (In)	7 YRS.	IF UNI	DER 1 YEAR	IF UNDER	24 HRS. MIN.	7. DATE OF BIRTH (Month, Day, Year) 1-4-1904	8. BIRTHPLACE (Stan Country) Baltimo		IPLACE (State or Foreign
9s. FACILITY NAME (if not institution, give street and number)				1110.	01.0							
Manor Car			rsing	Home	96, 0	Ross	vill		EATH		Balt	imore
RESIDENCE OF DEC				The are								
Md.	10b. COUNTY Ba	ltimore		10c. CI1		N OR LOCAT						10d. INSIDE CITY LIMITS? 1 YES 2 X NO
10e. STREET AND NUMBER							. ZIP COD	E		10g. CIT	IZEN OF	WHAT COUNTRY?
6600 R:	idge R	oad						212	.37		U.S	.A.
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	0545	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	☐ YES	2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) S 1 □ YES 2 □ NO Specify: Specify:								
	EDENT'S EDUC		10	Se. DECEDENT'S	work do	ne durina ma		na	16b. KIND OF BU	SINESS/IN	DUSTRY	
Elementary/Secondary (C		College (1-4 or 8	+)	Clerk		d.)			Hochschild Kohn & Compa			
17. FATHER'S NAME (First, M				OLCIN			18. MOT	HER'S NA	ME (First, Middle, Maiden		KOIIII	a company
Michael		Hoffman					С	arri	.e	St	aad	
19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	3 ADDR	ESS (Street a	nd Numbe	r or Rural	Route Number, City or Tow	n, State, Zi	p Code)	
George F. Jo	ones J	r.		4528	Fit	ch AV	enue	Ba1	timore,Md.	-212	36	
					ACE AND DATE OF OISPOSITION (Name larg, crematory or other place) rdens of FAith Cem. 7-10-91 Baltimore,							
21. SIGNATURE OF FUNERAL SERVICE LICENSEE ** Kartleen h. huysky						22. NAME A	ND ADDRE	SS OF FA	CILITY 6	415		ir Road ,Md21206

23. PART I. Enter the diseases, or complicatione that caused the death. Do not enter the mode of dying, such as cerdiec or respiratory errest, shock, or heart feliure. Liet only one cause on wech line. Approximate Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) Sequentially list conditions Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in desth) LAST PART II. Other significant-conditions contributing to death but not resulting in the underlying cause given in Part I. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 24a. WAS AN AUTOPSY PERFORMED?

c				1 🗆 YES 2 🗀	NO				
25. WAS CASE REFERRED TO MEDICAL			26. PLACE OF DEATH (C	heck only one)					
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatien	3 DOA 4	ER: ursing Home 5 🗆 Residence	6 Other (Specify)					
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)								
3 Suicide 6 Could not be	28a. PLACE OF INJURY — A building, etc. (Specify)	t home, farm, street, fa	281. LOCATION (Street and Number or Rural Route Number, City or Town, State)						

29a. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examin

1 TES 2 NO

29b. SIGNATURE AND TITLE OF CERTIF	Te flan	MD	29c. JOSENSE NUMBER 39/	DATE SEGNED PASSED THE THEFT	1
30. NAME AND ADDRESS OF PERSON Y	WNO COMPLETED CAUSE OF DEATH (ITE	M 27) (Type, Print)		1//	•

32 BEGISTER OF SHOWING

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RECOMBS, P.O.	lay maint. The best co	as been under the my amending	Sept. of Nath and Sental Hyd	no other Period Section 200 of
AL RECOMBS, P.O.	he law manning the best co	has been property on the amending	e Dept. of with and worth my	as no second little second no as
TAL RECOMBS, P.O.	I. The law months with the best co	cate has been proved by the amending	State Dept. of Nath and Anna Myo	to an excellent with the same and
VITAL RECORDS, P.O.	IAN: The law modern and the weath con	tificate has been properly by the amending	e State Dept. of Nath and Annual Prop	to the control will be to the control of
VITAL RECOMBS, P.O.	SICIAN: The law manner and the west con	certificate has been expect on the amending	the State Dept. of Nath and Antal Mo	to the results will be about the same
DF VITAL RECOMBLE, P.O.	HYSIGIAN: The law modified and the weath con	is certificate has been made on the amending	rith the State Dept. of Neth and Nertal Myd	to the second little and the contract of the
OF VITAL RECOMBS, P.O.	PHYSICIAN: The law months Table went co	this certificate has been property on my amending	n with the State Dept. of New and New and	to the parties and the same and the parties are a
N OF VITAL RECOMBS, P.O.	NG PHYSICIAN: The law months and the common of the common	fter this certificate has been upon the this amending	eath with the State Dept. of Nath and Annual Myd	to the control will be about the first land to the first of
ON OF VITAL RECOMBS, P.O.	IDING PHYSICIAN: The faw months and the beam on	. After this certificate has been apply in amending	death with the State Dept. of Near and Years My	to the second will be seen as the second sec
SION OF VITAL RECOMBS, P.O.	FENDING PHYSICIAN: The law manning that weath con-	OR: After this certificate has been made to my amending	ter death with the State Dept. of New and New 1970	to the contract of these 60 shows little believe in a
ISION OF VITAL RECORDS, P.O.	ATTENDING PHYSICIAN: The law market page with certain	CTOR: After this certificate has been supply my amending	after death with the State Dept. of Neth and Neth Ing	And in case of the last of the
IVISION OF VITAL RECORDS, P.O.	R ATTENDING PHYSICIAN: The law market property with certain	RECTOR: After this certificate has been property on the amending	urs after death with the State Dept. of New and Mental Myo	A STATE OF THE PARTY OF THE PAR
DIVISION OF VITAL RECORDS, P.O.	. OR ATTENDING PHYSICIAN: The law modern and the la	DIRECTOR: After this certificate has been great an immunity	hours after death with the State Dept. of well and world live	the second secon
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TAL OR ATTENDING PHYSICIAN: The law modern permitten	AL DIRECTOR: After this certificate has been supply in amending	72 hours after death with the State Dept. of well and world live	20 miles 10
DIVISION OF VITAL RECORDS, P.O.	SPITAL OR ATTENDING PHYSICIAN: The law manning that the law	JERAL DIRECTOR: After this certificate has been provided in amending	in 72 hours after death with the State Depl. of New Trans.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DIVISION OF VITAL RECORDS, P.O.	HOSPITAL OR ATTENDING PHYSICIAN: The law months and the law	UNERAL DIRECTOR: After this certificate has been and a minding	vithin 72 hours after death with the State Depl. of ween and wenter Ind	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DIVISION OF VITAL RECORDS, P.O.	E HOSPITAL OR ATTENDING PHYSICIAN: The law manner and the law	E FUNERAL DIRECTOR: After this certificate has been apply in mending	d within 72 hours after death with the State Dept. of New Hill Annual Min	A 10 10 10 10 10 10 10 10 10 10 10 10 10
DIVISION OF VITAL RECORDS, P.O.	THE HOSPITAL OR ATTENDING PHYSICIAN: The law manner and the law	THE FUNERAL DIRECTOR: After this certificate has been produced by immedia	filed within 72 hours after death with the State Depl. of Neth 100	The state of the s
DIVISION OF VITAL RECORDS, P.O.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law manner and the second within 2. Hours after death. Page 6 may be retained to	TO THE FUNERAL DIRECTOR: After this certificate has been produced by immediate	be filed within 72 hours after death with the State Depl. of Neth 100	the second section of the second section of the second section of the second section s

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	1 - FOR STATE OF MAR			TMENT OF				YGIENE EG. NO.		, 1	18211
	1. DECEDENT'S MAME (First, Middle Lest) HELEN-A:JOH	N 50	N				2. DATE OF E	DEATH	5	YEAR 3.	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-03-2373 1 □ M 2 □/F	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR	s HOU				04	Country) Mar	yland
OR	Soseph Richey Hospic	و		Bal	1		mal		9c. COUI	TY OF DEAT	Н
DIRECTOR	10a. STATE 10b. COUNTY		10c. CITY	Y, TOWN OR LO	CATION					10	d. INSIDE CITY LIMITS?
	Maryland		Ba	altimo	re				40 - 0171		YES 2 NO
RA	418 S. Wolfe Street					21231				U.S.A	
Y FUNERAL	11. MARITAL STATUS 1 Never Married 12. WAS DECEDENT FORCES? 1 FORCES? 1 FYES, GIVE WAR	YES 2 X		If yes	DECENDE specify (NT OF HISPAI	NIC ORIGIN? (S in, Puerto Ricar y:				American Indian, fhite, etc.
D BY	3 Wildowed 4 Divorced 15. DECEDENT'S EDUCATION	I too DE	CEDENTIE	USUAL OCCUP	ATION		10h M/h	ID OF BUS	INESC/IN		е
PLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5 +)	(G	ive kind of v . Do NOT us	work done during	most of v			an C			
once.	17. FATHER'S NAME (First, Middle, Last)			ic opc			AME (First, Middl		_	**,7	
BE C	Michael Augustyniak						Mary 1				
TO BE COM	19a, INFORMANT'S NAME (Type/Print)	100	4.5				Route Number (21 237
	Lillian Callinan 20e METHOD OF DISPOSITION 10 Burlal 2 Cremation 3 Removal from State	20b. PLACE	OF OISPOS	SITION (Name o			(100:			City or Town	
Bust	1 🗗 Burial 2 🗆 Cremation 3 🗆 Removal from State 4 🗆 Donatton 5 🗀 Other (Specify)	St. Stanislaus Cemetery								aryland	
niner	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS George A.						Son	s In	C.	
exa	George A. Weber & Sons Inc. 705 S. Ann St						treet	, Ba	lto.	Md.	21231
event, the medical examiner must be		on each line	OUENCE O	PRES.	7			or respi	ratory er	rest,	Approximate Interval Between Onset and Death
or other traumatic	If eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury the United enemy)	E TES	STIVE LESET FS/LURE A CONSEQUENCE OF): B A CONSEQUENCE OF): OF THE BREAST-WITH M.					OSTA.	95	70 LI	WIR MAC
MEDICAL	PART II. Other significant conditions contributing to de	eath but not	resulting	in the under	lying car	use given in		a. WAS AN PERFOR	1	0	ERE AUTOPSY FINDINGS MAILABLE PRIOR TO OMPLETION OF CAUSE F DEATH? YES 2 NO
r Item 23 s	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:			OTHER:	6. PLACE	OF DEATH (C	heck only one)				
5 >	1 VES 2 NO 1 Inpetient 2 E 27. MANNER OF DEATH 286. OATE OF IN		28b. TIN	4 Mursing	Home 5		6 Other (S		INJURY OF	CURED	
marked. BY PH	1 Netural 5 Pending 2 Accident Investigation (Month, Day,			JURY	WORK?	2 NO	200. 02.901	100.110111			
28 is	3 Suicide 6 Could not be determined 28e. PLACE OF 6 building, etc	NJURY — At h c. (Specify)	ome, farm,	street, factory,	office		28f. LOCATH City or 1	ON (Street (Town, State)	and Numbe	or or Aural Aoi	ste Number,
ANT: If item	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the basis of exam										and manner as stated.
PORT	200. SIGNATURE AND TITLE OF CERTIFIER	m.l) .		290	D224	JMBER		29d. DA	TE SIGNED (F	Honth, Day, Year)
2	30. NAME AND ADDRESS OF TERSON WHO COMPLETED GUIDE	0, 0	220 (Type	o, Print)	BK	106t	FRD.	BA	1170	7. M	0,2/2/2
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR	S SIGNATURE									

1991 guha Davidson-17-10-15

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rYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician. It is certificate has been signed by the afterding physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should the State Dept. of Health and Marial Hyglene prior to burial-centation, or enforced.
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	WELLINGTON COLLIN	JENKINS, JE	2.				
	FOR STATE REGISTRAR	TATE OF MARYLAN		NT OF HEALTH AND	MENTAL HYGIEN	-	1 18278
	1. DECEDENT'S NAME (First, Middle, Last) WELLINGTON	COLLIN :	JENKIY	19 - JR.	2. DATE OF DEATH	7049	3. TIME OF BEATH
	10 11 16A	2M 2 D F 4	YRS. MONT	HS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		BIRTHPLACE (State or Foreign Country) 1HITESTONE, VA
CTOR	COLLINGSWIDD RESIDENCE OF DECEDENT	NSb. CTI	R	OLKUILLE	MD	M	ONTO.
L DIRECTOR	Maryland Montgo	mery		ithersburg		Lan- OFFITE	10d. INSIDE CITY LIMITS? 1 YES 2 F NO 1 OF WHAT COUNTRY?
BY FUNERAL	11 Holly Drive	WAS DECEDENT EVER IN U.: FORCES? 1 YES 2 IF YES, GIVE WAR OR DATE:	Z∑¥NO	20877 13. WAS DECENDENT OF HISPA If yee, specify Cubyn, Maxic 1 YES 2 700 Specify	en, Puerto Ricen, etc.)	14.	G (USA) RACE — American Indian, Black, White, etc. Specify White
COMPLETED	12	ON 16 oleted) 16 Oleted (1-4 or 5+)	e. DECEDENT'S USUA (Give kind of work of life. Do NOT use retin	one during most of working and NTER		structi	TRY
BE	17. FATHER'S NAME (First, Middle, Last) WELL NUTON 196. INFORMANT'S NAME (Type/Print)	JENKINS	5R	NELL/	ANE (First, Middle, Melde	NU	dal
2	James Jenkins		18958 W	aterspoint La	German	town Md	20874
	20e. METHOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Removal 4 Donation 6 Other (Specify)	from State of cem Bo	vetary, crematory or other yds Presb	yterian	7/6 B	oyds,	Maryland
	21. SIGNATURE OF FUNERAL SERVICE LICENS MUTULE	Bach	5	32. NAME AND ADDRESS OF FA	Muriel H.	Barber	Funeral Home ville,Md.20882
	23. PART I. Enter the diseases, or compands, or heart failure. List IMMEDIATE CAUSE (Final disease or condition resulting in death)		Ine. ARRO	enter the mode of dying, such	ch as cardiac or rea	piratory arrest	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CO	925	Much	C DISC	1056	25 years
PHYSICIAN: MEDICAL C	PART II. Other algolificant conditions or	ontributing to death but	not resulting in th	s underlying cause given in		N AUTOPSY DRMED?	24b. WERE AUTOPSY FINOINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN:	25, WAS CASE REFERRED TO MEDICAL			28. PLACE OF DEATH (C	heck only one)		
YSIC	1 YES 2 10 1	OSPITAL: Inpatient 2 ER/Outpatie		HER: Nursing Home 8 🗆 Residence	8 Other (Specify)		
	27. MANNER OF DEATH 1 Matural 8 Panding	(Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCUP	RED
TED BY	2 Accident 3 Suicide a Could not be determined	28e. PLACE OF INJURY — building, etc. (Specify)	At home, farm, street		28f. LOCATION (Stree City or Town, State	t and Number or e)	Rural Route Number,
COMPLETED	(Section and			the time, date and place, and du my opinion, death occured at th			
H	250 SMERTATURE AND TITLE OF CERTIFIER	Ra MA	240	29c. LICENSE NU	JMBER S	29d. DATE 8	HIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO CO	MPLETED CAUSE/OF DEATH	THEY MY	1 2082	Y	0	/ * / / / / / / / / / / / / / / / / / /
	31. DATE FILED WARM, Dog, Near)	SI Davidson	-Randell				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death cartificate be executed within 24 inours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burit-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

							91		8279
	1 - FOR STATE OF MARYLAND		TMENT OF		MENTAL	HYGIEN REG. NO.	E	•	0613
	1. DECEDENT'S NAME (First, Middle, Last) EST	ELLE R	KIMME F UNDER 1 YEAR		Du	OF DEATH	3 19	YEAR	TIME OF DEATH 3 13 Am CE (State or Foreign
	215-22-473110H2 PF 89	YRS.	MONTHS DAYS	HOURS MIN.	91	Pay Year	01	Country)	CYLAND
TOR	9a. FACILITY NAME (If not institution, give street and number) STULL MARIS RESIDENCE OF DECEDENT		Tolds	OR LOCATION OF	DEATH			Y OF DEAT	1
DIRECTOR	10e. STATE D.C. 10b. COUNTY Washington		Y, TOWN OR LOC						I. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER	_		O. D. C.			10g. CITIZE		COUNTRY?
FUNERAL	Army Distaff Hall -6200 Oregon		1	20015			U.S.		
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES		If yes,	ECENDENT OF HISP/ specify Cuban, Maxic ES 2 XNO Spec	can, Puarto I		or No 1	Specify: Whit	
COMPLETED	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+)		,		16b	Own He		STRY	
OM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	IAME (First, I				
BE (Louis Reed			Mary	$\overline{}$	-			
5	19e. INFORMANT'S NAME (Type/Print) Jean S. Williams			Ct., Fal					
		CE OF DISPOS	SITION (Name of	cemetary, crematory or		20c. LO	CATION — CI	ty or Town,	
	4 Donatities 5 Dother (Specify) / / ATLL	ngton	Nationa	1 Cemete	ry 7/	9/91	Arlin	gton	, Va.
	21. SIGNATURE OF TUNETAL RETWING LICENSEE		Ruck	and address of to Towson York Rd	Funer				
	23. PART I. Enter the diseases, or complications that caused the shock, or heart fellure/List only one cause on each i		not enter the r	node of dying, su	ich ee cerd	flec or respi	iretory arre	nt,	Approximate interval Between
	IMMEDIATE CAUSE (Final disease or condition resulting in death) a. ACUT DUE TO (OR AS A COM-	mena	CY E	dema					Onset and Death
	DUE TO (OWAS A CON	SEQUENCE O	in Das	1: 110		4-7	04		
CERTIFICATION	The Fotos INDEDIVING			are ou	DEM	ar p	11266	we.	
IFIC	CAUSE (Disease or injury that initiated events	SEQUENCE O	F):						
ERT	resulting in deeth) LAST								
PHYSICIAN: MEDICAL C	PART II. Other significant conditions contributing to death but no	ot resulting	in the underly	ing cause given i	n Part i.	24a. WAS AN PERFOI 1 YES 2	RMED?	AM CC	ERE AUTOPSY FINDINGS ARLABLE PRIOR TO OMPLETION OF CAUSE F DEATH?
ME								1	YES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL		-	PLACE OF DEATH (Check only or	10)			
YSIC	EXAMINER? 1 YES 2 NO HOSPITAL: 1 Inpetient 2 ER/Outpetient	/		ome 5 🗆 Residence	e 6 🗆 Othe	er (Specify)			
ВУ РН	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	286. TIN	JURY	NJURY AT WORK? YES 2 NO	28d. DE	SCRIBE HOW	INJURY OCCU	JRED	
PLETED B	3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — A building, etc. (Specify)	home, ferm,	street, factory, o	fice		ATION (Street or Town, State,		r Rural Rout	e Number,
IPLE	29a. CERTIFIER (Check only CERTIFYING PHYSICIAN: To the best of my knowledge	eath occur	red at the time, d	ate and place, and d	ue to the ce	use(s) and ma	nner as state	d.	

TO BE COM PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 2300 Dulaney Towson, 31. DATE FILED (Month, Day, Year) 199

29b. SIGNATURE AND TITLE OF CERTIFIER

29d. DATE SIGNED (Month, Day, Year)

Md.

Valley Rd.

:03-3146	attending physician	use as the bunial transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	e law requires that the death certificate be executed within Jurs after death. Page 6 may be retained by the hospital or attending physician.	has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bundants permit Pages 1, 2, 3 should be detached for use as the bundants permit Pages 1, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3, 3,	Month of Compage.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	w requires that the death certificate be executed within	7 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi	At, by medius and mental regulate prior to burial, crema
DIVISION OF VITAL	THE HOSPITAL OR ATTENDING PHYSICIAN: The law	THE FUNERAL DIRECTOR: After this certificate has t	THEO WITHIN 12 HOURS AFFEL DEAD WITH THE STREE DEDI

_	REGISTRAR	ITH ICA	E OF DEATH	HEG. NO.	
ļ	1. DECEDENT'S NAME (First, Middle, Last)	LENE	NEW	2. DATE OF DEATH MONTH DAY	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. leat	birthday) IF UNI	DER 1 YEAR IF ONDER 24 HRS.	2. DATE OF BIRTH	8. BIRTHPLACE (State or Foreign
	220301291D10M2 WF 96	YRS. MONTH	B DAYS HOURS MIN.	SEPTI 3 94	MARYLAND I
-	9a. FACILITY NAME (If not institution, give street and number)	9b. C	TY, TOWN OR LOCATION OF DE	ATH E 1/160/ Sa. CI	OUNTY OF DEATH
DIMECTOR	HESIDENCE OF DECEDENT	KELA	FUWAKD	C/TY	OWAKI
E	10e. STATE 10b. COUNTY	10c. CITY, TOW	N OR LOCATION	1711	10d, INSIDE CITY LIMITS?
	10s. STREET AND NUMBER	EII	101, ZIP CODE	-// y	1 TYES 2 NO
LONERAL	3000 HEALTH PAR	KD	R	109.	USA
2	11. MARITAL STATUS 1 Never Married 2 Merried FORCES? 1 YES 2 NO.		3. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexico	IIC ORIGIN? (Specify Yes or No-	- 14. RACE — American Indian, Black, White, etc.
5	3 Widowed 4 Divorced IF YES, GIVE WAR OR DATES		1 TYES 2 NO Specify	The state of the s	Specify WHITE
3	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Giv	CEDENT'S USUAL	OCCUPATION ne during most of working	16b. KIND OF BUSINESS/	INDUSTRY
COMPLE	Elementary/Secondary (0-12) College (1-4 or 5+)	DO NOT use retired	WIFE		
5	17, FATHER'S NAME (First, Middle, Leet)	VVJU	18. MOTHER'S NA	ME (First, Middle, Maiden Surname	0) :
BE C	PATRICK HORAN		MAR	Y SKE	LTON
2	198. INFORMANT'S NAME (Type/Print) ELEANOR PAFLES 198.	MAILING ADDR	ESS (Street and Number or Rural	Noute Number, City or Town, State,	Zip Code)
	20a METHOD OF DISPOSITION 20b. PLACED	OF DISPOSITION	(Name of cemetery, cremstory or	20c. LOCATION	- City or Town, Stata
	4 Donation 5 Other (Specify)	JOHN	CEM.	LONG	GREEN MD
	21. SIGNATURE OF FUNERAL SERVICE DICENSEE		2. NAME AND ADDRESS OF FA	ONDSON A	VF
_	23. PART I. Enter the diseesea, or complications that caused the dee	ah Da aad aa	المراكب المرادات	111/301/ //	
	ahock, or heart fellure. Lief only one ceuse on each line.	etii. DD NDt en	ter the mode of dying, euc	n as cerdiec or respiretory	Approximate interval Between Onset and Death
	iMMEDIATE CAUSE (Final disease or condition resulting in death)	new	la acce	dent	
	DUE TO (OR AS A CONSEO	UENCE OF):			
20	Sequentially list conditions, if any, leading to immediate	UENCE OF):			
RIFICATION	ceuse. Enter UNDERLYING CAUSE (Disease or injury				
-	that initiated events resulting in deeth) LAST	UENCE OF):			
5	d				
EDICAL	PART II. Other algoriticent conditions contributing to death but not re	esulting in the	underlying cause given in	PERFORMED?	MAILABLE PRIOR TO
				1 TYES 2 NO	DF DEATH?
2					
2	25. WAS CASE REFERRED TO MEDICAL EXAMINER? HOSPITAL:	ОТН	26. PLACE OF DEATH (Ch	eck only one)	
PHYSICIAN:	1 YES 2 NO 1 Inpetient 2 ER/Outpetient 3 27. MANNER OF DEATH 28a. DATE OF INJURY		Yussing Home 6 ☐ Residence	6 Other (Specify) 28d, DESCRIBE HOW INJURY	OCCUPED
	Netural 6 Pending (Month, Day, Year)	INJURY	WORK?	200, DESCRIBE HOW MOON!	Occomed
D BY	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At hon building, etc. (Specify)	me farm, street,	factory, office	281. LOCATION (Street and Num City or Town, State)	ober or Rural Route Number,
-	4 Homicide determined				
COMPLEIED	29e. CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, des one) CERTIFYING PHYSICIAN: To the best of my knowl				Market and the second of the s
_	29b. BISHATURE AND TITLE OF CERTIFIER		29c, LICENSE NU		DATE SQUINES (Month, Pay, Year)
7 65	/// -	VNIST	D3	7013	7/8/9,
2	30. NIME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM	4 27) (Type, Print)			carpsia
	31. DATE FILED (Morit), Only Year) 32. REGISTRAR'S SIGNATURE	11055	LIME	DATINENTP	My MD 21043
	1111 8 1991 Julia Davidson	7 andese			,

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SION OF VITAL RECORDS, P.O. BOX 13146,	monutari
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. hours after death. Page 6 may be retained by the hospital or attending physician.

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPART! CERTIFIC			MENTAL HYGIEN		1	18281
	1. DECEDENT'S NAME (First, Middle, Last) Rev. Wesle	Y A. Kel	ley			6 - 2.	5 9	AR /	IS: 14RM
	4. SOCIAL SECURITY NUMBER 2/2-/4-0002 9s. FACRITY NAME (If not institution, give st	1 M 2 F	75 YRS. M	DNTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 2-/6-/	9c, COUNTY	Country)	CE (State or Foreign
בי	2002 N. Wolf	eSt.		Balti	more	City			
DINE	10s. STATE 10b. COUNTY		10c. CITY, 1	TOWN OR LOCATI	ON N	d.			LIMITS?
FUNERAL DIRECTOR	200 STREET AND NUMBER	60 94		101.	ZIP CODE	2	10g. CITIZEN	OF WHAT	COUNTRY?
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 1 00		cify Cuban, Maxica	IIC ORIGIN? (Specify Yon, Puerto Ricen, etc.)		Specify:	American Indien, vits, etc.
EIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	k done durina mos	t of working	16b. KIND OF BI	Ch. 11	RY	,
BE COMPL	17. FATHER'S NAME (First, Middle, Last)	ZN KE	Eller	NISEC		ME (First, Middle, Malde		y.	<i></i>
2	180. INFORMANT'S NAME (Type/Print) NNS, Ida, V.	Kellev	20A2	DDRESS (Street at	nd Number or Rural F	Balta.	wn, State, Zip Coo	121	3
	20s METHOD OF DISPOSITION 1	ovel from State	PLACE OF DISPOSIT	ION (Name of com	netery, cremetory or	20c. L	OCATION - City	or Town,	State M.
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE). Collick		22. NAME AN	E. Oliv	er St. B.	K F. K	NON	1,21213
	23. PART I. Enter the diseases, of ahock, or heart feliure. ###################################	complications that caused List only one ceuse on as	the daath. Do not sch line.	t antar tha mod	de of dying, suc	h aa cardiac or rea	piratory arreat	,	Approximate interval Between Onset and Death
	disease or condition resulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	istast					4 years
CALION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	bDUE TO (OR AS A	CONSEQUENCE OF):						
CERTIFIC	CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):						
PHYSICIAN: MEDICAL C	PART II. Other significant condition careford was carled desalt us we	e contributing to death be	ut not resulting in	the underlying	g cause given in	Part i. 24a. WAS A PERFO	N AUTOPSY DRMED? 2)E() NO	AM CO OF	RE AUTOPSY FINDINGS MILABLE PRIOR TO MPLETION DF CAUSE DEATH? YES 2 NO
CIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)			
	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Inpatient 2 ER/Outp. 28s. DATE OF INJURY (Month, Day, Year)		OF 28c. INJ RY WO	URY AT	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUR	ED	
78 0	2 Accident Investigation 3 Suicide 8 Could not be	28s. PLACE OF INJURY	— At home, farm, str			281. LOCATION (Street	t and Number or	Rural Rout	Number,

29a. CERTIFIER (Check only one)

96. SIGNATURE AND TITLE OF CERTIFIER	29c. LICENSE NUMBER D37458	29d. DATE SIGNED (Month, Day, Year) 6/28/9/
O. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	1 2 0	100:00

8 Could not be

U. ofMD SOM 405 W. Redwalst. Balt, more, MD Kean Guna Davidson-Randese 199

TO BE COMPLETED

4 Homicide

BALTIMORE, MARYLAND 21215-0020

TO BE COMPLETED BY FUNERAL DIRECTOR

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be flied within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. IO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be totalined by the hospital or attending physician.

3

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

JUL 08 1991

12 REGISTRANS GIGNATURE

1. DECEDENT'S NAME (First, Middle, L	ast)									AY	YEAR	3. TIME OF DEATH
CAL	RRIE	L	LOVE	3				27	4			100
. SOCIAL SECURITY NUMBER	8. SEX	-	rs. last birthday)					7. DATE	OF BIRTH			
214-12-0554	1 🗌 M 2 💢 F	75	YRS.	-CHINS	LIAYS	HOURS	Milita.	0	4-08-1	6		N.C.
. FACILITY NAME (If not institution, g	ive street and number)			96. CITY	, TOWN O	R LOCATI	ON OF DE	EATH		9c. COU	NTY OF I	DEATH
UNION MEMORIA	I HOSPTTAI			BAT	TTM	DRE (CITY					
			10c. CIT	Y, TOWN	OR LOCAT	ION				-	_	10d. INSIDE CITY
MD			DAI	m TM/	מכוכ	OT	TIX #					
			L_BA	TIME						10g. CIT	ZEN OF	
5624 CLEARSI	PRING ROAL)				21	212				U.	S.A.
MARITAL STATUS	12. WAS DECEDER	NT EVER IN U.	S. ARMED			ENDENT (OF NISPAI			or No-	14. RAC	E — American Indian,
	FORCES?	YES	2 2 100						Rican, etc.)			
		16					na	161	, KIND OF BU	SINESS/INC	DUSTRY	
		+)	life. Do NOT u	se retired.)		31 07 770770			011T= DD	D	11011	_
											HOM	E
)					200 -110			Middle, Maiden	Surname)		
			1					100			_	
	HELL SR											10
	EBBB OK.		-			V010	Ka./	-				
Buriel 2 🗆 Cremation 3 🗆	Removal from State	of cen	netary, crematon	or other	olace)			DAT				
	ELICENSEE	_ 1 00	SHELL P					OR ITY	BAL	TIMOF	Œ, I	MD
- 40 o		-										
N Lordy	e wan	رب									_	. NORTH AV
J. PART I. Enter the diseases, shock, or haert fell	or complications the	at caused ti use on aeci	he deeth. Do h line.	not enter	the mo	de of dy	ring, suc	h as cer	diac or reep	iratory ar	rest,	
			. 11	0		1						Onset and D
	a	JAcon	tialler	<u>- X</u>	Vor	niti	19					
	DUE TO	O A SA RO)	ONSEQUENCE O	P: (2)	1.	-						
	b	TOLONO	ONSEQUENCE O	DIE	507 IV	1	1.00	e_				-
												i
	C. DUE TO	(OHAS A C	ONSEQUENCE O	F):			_					
	d.											
ART II. Other significant cond	Itions contributing to	death but	not resulting	in the u	ndariyin	cause	given in	Part i.	DEDEO	202240	24	AVAILABLE PRIOR TO
									1 TYES	NO		OF DEATH?
												1 TES 2 NO
WAS CASE REFERRED TO MEDICA EXAMINER?				07:1-	-	ACE OF I	DEATH (C/	eck only o	ine)			
4. SOCIAL SECURITY NUMBER 4. SEX 5. AGE (iii) YI SEY 75 75 78 8. ROCLITY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY NAME (if not includion; pin stowe and number) 8. COUNTY OF BEATH 1. THE STORE (if not includion; pin stowe and number) 8. COUNTY OF BEATH 1. THE STORE (if not includion; pin stowe and number) 8. COUNTY OF BEATH 1. THE STORE (if not including) 1. THE STORE (if not includion; pin stowe and number) 8. COUNTY OF BEATH 1. THE STORE (if not includion; pin stowe and number) 8. COUNTY OF BEATH 1. THE STORE (if not includion; pin stowe and number) 1. THE STORE (if not including) 1. THE STORE (if n												
h			28b. Till	AE OF	28c. INJ WC	URY AT		28d. DE	SCRIBE NOW	INJURY OC	CURED	
The state of the s							□ NO					
- Outra in	t De building	OF INJURY — i, atc. (Specify)	Al home, farm,	street, fac	tory, offic	•					r or Rural	Route Number,
	PHYSICIAN: To the best of	of my knowled	ge, death occur	red at the	Ilma, data	and plan	e, and des	to the co	use(s) and ma	nner as sta	nted.	
contain only												(a) and manner as state
A SIGNALONE WAS LIKE OF CER	MA C	1	- PC-	- Ale		29C. LIC	ENSE NU	MDEN		290. DA	E SIGNE	worth, vay, year)
V 0		1 1	2 2 6	1								3 .601

Monorial - Baltimore

THE OWNER WITH BUILDING

MANY SERVICE THE SALE

	FOR STATE REGISTRAR	STATE OF MARYLAND	/ DEPARTI				GIENE G. NO.	•	10203
	1. DECEDENT'S NAME (First Middle, Life) CHARLES	-Е.	LAND			2. DATE OF OE MONTH	DAY 9	EAR /	TIME OF GEATH
	4. SOCIAL SECURITY NUMBER 215-03-7489 9e. FACILITY NAME (If not institution, give atm	5. SEX 6. AGE (In yrs. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN.			5,1910		
TOR	St. Joseph Hospit		Tows	OR LOCATION OF DE	ATH		timor		
FUNERAL DIRECTOR		Baltimore		rkville	9			1[I. INSIDE CITY LIMITS? TYES 2 X NO
NERAI	1 Lava Ct. Apt 2				21234			J.S.	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	If yes, sp	ENDENT OF HISPAN ecity Cuben, Mexica 2 [X NO Specify	n, Puerto Rican,	elfy Yea or No— 14 etc.)	Black, Wi Specify:	American Indian, hita, atc. White
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT use i	k done durina ma	et of working		of Business/INDUS		ervisor
BE COM	17. FATHER'S NAME (First, Middle, Last) Wallace			18. MOTHER'S NAME (First, Middle, Maiden Surname) Loretta VanLill					
TO E	19a. INFORMANT'S NAME (Typer/Print) 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Nrs. Margaret R. Landon Same as #10								
	20e. METHOD OF DISPOSITION 1)X Burial 2 Cremation 3 Removal from State 4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name of cemetary, crematory or other place) HOLV Redeemer 7/9/91 Baltimore.MD								
	21. SIGNATURE OF FUNERAL SERVICE LICE Paul L Hair	ENSEE Paul L. Harts	ock,Jr.	22. NAME A	ord J. Ru	Dul	timore,MD 5305 Ha	21	214
		omplications that caused the list only one cause on each	death. Do not						Approximate interval Between Onset and Death
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	15C/1×	MIC	CA	PAID	MYO	NASIO	y	YRS.
NO	DUE TO (OR AS A CONSEQUENCE OF): Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF):								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Due to (or as a consequence or):								
CERT	resulting in death) LAST								
MEDICAL	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 PHO 24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?								AILABLE PRIOR TO IMPLETION OF CAUSE
	25. WAS CASE REFERRED TO MEDICAL			26. P	LACE OF DEATH (Ch	eck only one)			
PHYSICIAN:	EXAMINER? 1 YES 2 HO	HOSPITAL: 1 Unpatient 2 - ER/Outpatier		OTHER:	ne 5 🗆 Rasidence		cify)		
ву РН	27. MANNER OF OEATH 1 A Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME INJUI	TY W	PURY AT DRK? YES 2 NO	28d. DEŞCRIBE	HOW INJURY OCCU	RED	
8	3 Suicide S Could not be 4 Homicide datermined	28s. PLACE OF INJURY — A building, etc. (Specify)	it home, farm, str	eet, factory, offic	ie .	28f. LOCATION City or Tow	(Street and Number or n, State)	Rural Rout	» Number,
COMPLET	one) / - A	CIAN: To the best of my knowledge By on the best of examination and							nd menner as stated.
TO BE C	296. SIGNATURE AND THE OF CERTIFIER	COMPLETED CAUSE OF DEATH		DD A	29c. LICENSE NUI		29d, DATE 8		onth, Day, Year)

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

1991

32 REGISTRAN'S, SIGNATURE CONSTRUCTION OF THE PROPERTY OF THE

31. DATE FILED (Month, Day, Year)

Pages 1, 2, 3 should

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	er death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or remova	Is marked or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at or

30. NAME AND ADDITION OF THE STREET S

									9	1 18284
	FOR 1 - STATE REGISTRAR	STATE OF N			TMENT OF H			MENTAL HYGIEN		
1	1. DECEDENT'S NAME (First, MI WILSON F	Iddie, Last) LYNCH						2. DATE OF DEATH MONTH D	AY Y	YEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. SEX		6. AGE (In yrs. last	In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS.			24 HRS.	07 07 7. DATE OF BIRTH	1991	. BIRTHPLACE (State or Foreign
	217-03-2641	1 🛛 M 2 🗆 F	82	YRS.	MONTHS DAYS	HOURS	MIN.	(Month, Day, Year) Aug. 29	1908	Maryland
NG.	9s. FACILITY NAME (If not Institution, give street and number) THE JOHNS HOPKINS HOSPITAL				96. CITY, TOWH O			ATH	9c. COUNT	Y OF DEATH
DIRECTOR	RESIDENCE OF DECE		10c CIT	Y, TOWN OR LOCA	TION				10d. INSIDE CITY	
DIRI	Maryland	Baltimore				ville	9			LIMITS? 1 YES 2 X NO
AL	10e. STREET AND NUMBER				10	f. ZIP CODE			11.0	EN OF WHAT COUNTRY?
FUNERAL	3135 Woodri							21234		ted States
BY FUI	11. MARITAL STATUS 1 Never Married 2 Ma 3 Widowed 4 Divorce	FORCES? 1	T EVER IN U.S. AR YES 2 N WAR OR DATES	MED IO	If yes, sp		n, Maxica	IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)	s or No— 14	4. RACE — American Indian, Black, White, atc. Specify: White
		ENT'S EDUCATION ighest grade completed)	16a. OE	CEDENT'S	USUAL OCCUPATION Work done during me	ON		16b. KIND OF BU	SINESS/INDUS	
COMPLETED	Elementary/Secondary (0-12		Ho.	Do NOT u	se retired.)				0.0	
MP	12 17. FATHER'S NAME (First, Midd	No feeth	Ret	. Au	to Sales			ME (First, Middle, Malder		uto
BE CC	William	B. Lyn					Ama	nda	M	ilburn
TO	1996. INFORMANT'S NAME (Typer/Print) Raymond V. Jaworski 1906. MAILING ADDRESS (Street and Number or Bural Route Number, City or Town, State, Zip Code) 11717 Manor Road Glen Arm. Maryland 21057									
	20a. METHOD OF DISPOSITION 1 S Burlel 2 Cremetion 3 Removal from State 4 Donation 5 Other (Specify)									
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Milton J Knight Jr Leonard J. Ruck, Inc. 5305 Harford Road									
	23 PART I Enter the dise	passes, or complications the	the fund the de	eth Do						
	ahock, or hea	rt fellure. Liet only one cer	use on each line		Interval Betw Onset and D					
	IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. Hus	er kale		5 min					
	DUE TO (OR AS A CONSEQUENCE OF):									
NO	Sequentially list conditions, Due to lor as a consequence of:									5days
CAT	If any, leading to immediate cause. Enter UNDERLYING Heart Failure								10mp.	
ERTIFICATION	CAUSE (Disease or Injury that initiated events	OUE TO	(OR AS A CONSEC	DUENCE C	NF):					1000
EH	resulting in death) LAST									
AL C	PART II. Other significant	conditions contributing to				g cause g	iven In	Part I. 24a, WAS AI	N AUTOPSY	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO
EDICAL	terfor	eted for	dua	(leer			1 YES	2 200	COMPLETION OF CAUSE OF DEATH?
Σ		335						_	(1 TYES 2 NO
SICIAN:	25. WAS CASE REFERRED TO	MEOICAL			26. P	LACE OF DI	EATH (Ch	eck only one)		1
SIC	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHER:	-		6 Other (Specify)		
/ PHY	27. MANNER OF DEATH Natural 5 Pe	inding	F INJURY Day, Year)	28b. TH	JURY W	JURY AT ORK? YES 2	NO	28d. DESCRIBE HOW	INJURY OCCU	IRED
ED BY	3 Suicide 6 Co	vestigation 28e. PLACE (building)	OF INJURY — At he, etc. (Specify)	ome, farm,	street, factory, offi	ce		281. LOCATION (Street City or Town, State		r Rural Route Number,
OMPLET	29s. CERTIFIER (Check only	YING PHYSICIAN: To the best of	f my knowledge, de	eth occur	red at the time, det	e and place,	, and due	to the cause(s) and m	anner as stated	d.
OM	cool any									cause(s) and manner as stated.
ME C	29b. SIGNATURE AND TITLE O	OF CERTIFIER	*1	1		29c. LICE	ENSE NU	MBER	29d. DATE	SIGNEO (Month, Day, Year)
10 B	30, NAME AND ADDRESS OF	PERSON WHO COMPLETED CAL	ISE OF DEATH (ITE	. D	a Beleet)		-		7	7-191

CAUSE OF DEATH (ITEM 27) (Type, Print)

OHMH-16 Rev 1/89

Hospita

Hopkins

1 - FOR STATE REGISTRAR

	1. DECEDENT'S NAME (First, Middle, Last)						2. DATE OF DEATH	<u></u>	3. TIME OF DEA	NTH .
	Samuel J.	_0				7-4	91	6:10	A		
	4. SOCIAL SECURITY NUMBER 208-05-7062	s. AGE (In yrs. lest 81	(In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.		7. DATE OF BIRTH (Month, Day, Year) 8-13-190		BIRTHPLACE (State or F Country) PENNSYLVAN				
	208-05-7062 1XXM 2 F 81 YRS. WONTHS DAYS HOURS MRN. 8-13-1909 PENNSY 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										IIA
PO	FRANKLIN SOUARE HOSPITAL					0SS	VILLE		Balti	more	
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c.					LOCATI	ON			10d. INSIDE CIT	Υ
	MARYLAND	BALTIMORE				-	DGEMERE			1 🗌 YES 2 🔀	
FUNERAL	10e. STREET AND NUMBER	urc				10f.	ZIP CODE 2121	0	10g. CITIZE	U.S.A.	
3	2827 WELLS AVEN	12. WAS DECEDENT			13. WA	S DECE	NDENT OF HISPAN	IIC ORIGIN? (Specify Ye	or No — 14	RACE — American Ind Black, White, atc.	Hen,
B⊀	1 Never Married 2 Married 3 Wildowed 7 Tivorced	WES 2 N H OR DATES WW II		10	YES	NO Specify			Specify: WHI	ITE	
TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	(G/	Ve kind of wo Do NOT use	ork done dui	UPATION ing mos	N t of working	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLET	Elementary/Secondary (0-12) 12 TH GRADE	College (1-4 or 5+)		CK L				BETHLE	HEM ST	EEL CORP	
CON	17. FATHER'S NAME (First, Middle, Last)							ME (First, Middle, Maider	Surname)		
BE (FRANK LUPARELLO 19a. INFORMANT'S NAME (Type/Print)		1	MARINE	D00000		CARMELI	A Route Number, City or Tox		KNOWN	
5	JENNIE T. LUPAR	PE110						30ute Number, City or 10v BALTIMORE.			19
	20a, METHOD OF DISPOSITION	20b. PLACE	CE AND DATE OF OISPOSITION (Name DAT			DATE 20c. LC	CATION — CH	y or Town, State			
	1 Surial 2 Cremation 3 Re	BEL AT	R ME	MEMORIAL 7-8-1991 BEL AIR, MA					R, MARYLAN	1D	
DUDA-RUCK FUNERAL HOME OF DUND 7922 WISE AVENUE DUNDALK MD											
	7922 WISE AVENUE VUNVALK MV 21222 PART Enter the diseases, or complications that ceused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, shock, or heart failure. List only one cause on each line.										
NO	resulting in death) Sequentially list conditions,	g Can	P):								
CATI	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING								Ì		
CERTIFICATION	cause (Disease or injury that initiated events resulting in death) LAST	UENCE OF	≥E OF):								
	PART II Other eignificent conditi	lasth hut not a	t resulting in the underlying ceuse given in Part i.					. 244, WAS AN AUTOPSY 24b, WERE AUTOPSY F			
MEDICAL	PART II. Other significant conditi	esulung n				PERFO	PERFORMED?		R TO F CAUSI		
111									1 YES 2) NO	
- 1											
- 1	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	ноевита				26. PL	ACE OF DEATH (Ch	eck only one)			
- 1	EXAMINER? 1 YES 2 NO	HOSPITAL:		□ DOA	-	g Hom	5 - Residence	6 Other (Specify)			
PHYSICIAN: N	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 Department 2 D	NJURY		4 Nursi	g Home	5 Residence URY AT		INJURY OCCU	RED	
BY PHYSICIAN: N	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	1 hypatient 2 28s. DATE OF I (Month, Date of I) 28s. PLACE OF I	NJURY y, Year)	28b. TIME	4 Nursir	ec. INJI WO 1 Y	5 Residence URY AT RK? ES 2 NO	6 Other (Specify) 28d. DE\$CRIBE HOW 28f. LOCATION (Street	and Number or		
BY PHYSICIAN: N	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	1 hypatient 2 28s. DATE OF I (Month, Date of I) 28s. PLACE OF I	NJURY y, Year)	28b. TIME	4 Nursir	ec. INJI WO 1 Y	5 Residence URY AT RK? ES 2 NO	6 ☐ Other (Specify) 28d. DESCRIBE HOW	and Number or		
BY PHYSICIAN: N	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	1 hypatient 2 28s. DATE OF I (Month, Date of I) 28s. PLACE OF I	NJURY y, Year) INJURY — At ho htc. (Specify) my knowledge, de	28b. TIME INJU	4 Nursing OF 2 JRY M 2 Ireet, factor	Bc. INJI WO 1 Y y, office	o 5 Residence URY AT RK7 ES 2 NO and plece, and due	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and me	and Number or	Rural Route Number,	ı statec
COMPLETED BY PHYSICIAN: N	EXAMINER? 1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 2 Accident 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only 1 CERTIFYING PHY	28a. DATE OF I (Month, De) 28a. PLACE OF building, e	NJURY y, Year) INJURY — At ho htc. (Specify) my knowledge, de	28b. TIME INJU	4 Nursing OF 2 JRY M 2 Ireet, factor	Bc. INJI WO 1 Y y, office	s 5 Residence URY AT RK? ES 2 NO and place, and due eath occured at the	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and mutime, data and place, a MBER	and Number or)) onner sa stated and dua to the	Rural Route Number,	
BE COMPLETED BY PHYSICIAN: A	EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	28a. DATE OF In Month, Design of the Park	NJURY y, Year) INJURY — At ho rtc. (Specify) my knowledge, de amination and/or	28b. TIME 28b. TIME INJI me, farm, si sath occurre investigation	4 Nursin	Bc. INJI WO 1 Y y, office	o 5 Residence URY AT RK? (ES 2 NO and place, and due eath occured at the	6 Other (Specify) 28d. DESCRIBE HOW 28f. LOCATION (Street City or Town, State to the cause(a) and mutime, data and place, a MBER	and Number or)) onner sa stated and dua to the	Rural Route Number,	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

12 TH GRADE K/A BRICK LAYER BETHLEHEM STEEL CORP
FRANK LUPARELLO CARMELLA NOT KNOWN

BENNIE T. LUPARELLO 2827 WELLS AVENUE BALTIMORE, MARYALND 21219

BEL AIR MEMORIAL 7-9-1991 BEL AIR, MARYLAND

DUDA-RUCK FUNERAL HOME OF DUNDALK INC. 7922 WISE AVENUE DUNDALK MD 21222 FOR STATE REGISTRAR

1 -

BALTIMORE, MARYLAND 21215-0020	14 hours after death. Page 6 may be retained by the hospital or attending physician,
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained.

1. DECEDENT'S NAME (First, Middle, Lest) Danpanny Durant Loudermilk, Sr. 2. DATE OF DEATH MONTH DURE							DAY	YEAR)	3. TIME OF DEATH		
	4. SOCIAL SECURITY NUME		5. SEX	8. AGE (In yrs.		IF UNDER 1 YEAR		7. DATE OF E	7. DATE OF BIRTH (Month, Day, Year)		THPLACE (State or Foreign
1 214-50-2242 1 X M 2 □ F 42 YRS, WORLD WITH							Coun	rvland			
	9s. FACILITY NAME (If not Institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH										
DIMECTOR	Francis Scott Key Medical Center Baltimore City										
	10a. STATE	27	10c. CITY,	TOWN OR LOC	ATION				10d. INSIDE CITY LIMITS?		
- 1	Maryland		B	Baltimo:	re City				1 VES 2 NO		
LONGING	104. STREET AND NUMBER		3				101. ZIP CODE 21224			*/	WHAT COUNTRY?
	909 South Decker Avenue					T					States
	11. MARITAL STATUS 1 Never Merried 2 Merried 1: Was DECEDENT EVER IN FORCES? 1 YES, GIVE WAR OR DA			YES 2	NO	If yes,	ECENDENT OF HISP specify Cuben, Mexi	cen, Puerto Ricar		Ble	CE — American Indian, ck, White, atc.
	3 Widowed 4 Divo		IF TES, GIVE V	ON DATES		1	ES 277NO Spec	ony:		Spe	White
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)				(Give kind of w	USUAL OCCUPA ork done during i		16b. KIN	D OF BUSINES	SS/INDUSTRY	
	Elementary/Secondary (6	+)	Ilfe. Do NOT use	retired.)							
ŀ	17. FATHER'S NAME (First, M	Meletin finally			Truck	Driver	40 4400440000				-
25 COUNT EE	J. D. Loud							ice Col		narrie)	
ŀ	19a. INFORMANT'S NAME (19b. MAILING	ADDRESS (Stree	t and Number or Run				
	Linda Loud	lermi1k					r Avenue			MD 212	224
	28a. METHOD OF OISPOSIT		oval from State		CE ANO DATE	OF DISPOSITIO	N (Name	OATE	20c. LOCATI	ON — City or	Town, State
	4 Donation 5 D Other	r (Specify)				Cemete		5-91	Ba1t	imore,	Maryland
21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY								omes			
i,	Lilly & Zeiler, Inc. Funeral Homes 1901 EAstern Avenue Balto., MD 21231										21231
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):										
	CAUSE (Disesse or injuthat initiated events		OUE TO	OR AS A CON	ISEOUENCE OF):					
- 11	CAUSE (Disesse or injuthat initiated events	ant condition	d	death but n	ot resulting in	n the underly	1	In Part I. 24	n. WAS AN AUT PERFORMED		4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
- 11	CAUSE (Disease or Injutted Initiated events resulting in death) LAS	ant condition	d.	death but n	ot resulting in	n the underly	mont			D?	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIF	CAUSE (Disease or Injutted Initiated events resulting in death) LAS PART II. Other significate the post of the po	ant condition Per Control Pending Investigation Could not be determined COURT PHYSICAL EXAMIN E OF CERTIFIE OF PERSON M	d. as contributing to Sepsitive Sep	Delivery of my knowledge examination and	ot resulting in the state of th	28. OTHER: 4 Nursing H E OF 28c. URY M 1 Street, factory, of the time, d n, in my opinior	PLACE OF DEATH (Ome 5 Residence NJURY AT WORK? YES 2 NO Mice ate and place, end of death occurred at 1 29c. LICENSE N	Check only one) 28d. DESCRI 28d. LOCATIC City or it we to the cause(the time, date enc	PERFORMED YES 2 Deacity) IBE HOW INJUI ON (Street and in own, State) a) and manner d place, and de	NO NO Number or Rura as stated. us to the cause	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO No Nove Number, (a) and manner as stated.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

DHMH-18 Rev 1/89

mit. Pages 1, 2, 3 should

	FOR
1	STATE
	REGISTRAR

	1 - STATE REGISTRAR	OINTE OF MARTI	CERTIF	ICATE O			REG. NO.	•			
	1. DECEDENT'S NAME (First, Middle, Last)		RANK C.			2. 0	DATE OF DEATH		YEAR /99/	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER	acce.	(In yrs, lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HE	IRS. 7. 0	7 4	T	8. BIRTHP	PLACE (State or Foreign	
	215-09-9316-A	X M 2 □ F	84 YRS.	MONTHS DAYS	HOURS MI		Wangh, Day 5007) 1	907	Ma	ryland	
TOR	96. FACILITY NAME (If not institution, give Riverview Nurs RESIDENCE OF DECEMENT				MOTE C		ty		alti	more	
DIRECTOR	10e. STATE 10b. COUNT	TY		Y, TOWN OR LOC						10d. INSIDE CITY	
	Maryland 100. STREET AND NUMBER		45		ore Ci	Lty				UMITS? YES 2 □ NO	
FUNERAL	3226 Foster Av	enue			01. ZIP CODE 2122	24		1.00		States	
BY	11. MARITAL STATUS 1 Never Married 2 X Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	If yes,	specify Cuben, Me		RIGIN? (Specify Yes ierto Rican, etc.)	or No—	Black,	— American Indian, White, etc. y: nite	
TED	15. DECEDENT'S EDU (Specify only highest grad		18s. DECEDENT'S	work done during i	ION nost of working		16b. KIND OF BUS	INESS/IND	JUSTRY		
COMPLETED	Elementery/Secondary (0-12)	College (1-4 or 5+)	Forem	an Mec	hanic		Balt	imo	re C	itv	
OM	17. FATHER'S NAME (First, Middle, Last)			411	_	'S NAME (F	First, Middle, Malden	Sumame)		-	
BE C	Lambert Chir	iconi								nelli	
10	196. INFORMANT'S NAME (Type/Print) Mary R. Lamb	ert					Number, City or Town				
	20s, METHOD OF DISPOSITION	2	0b. PLACE OF DISPO	SITION (Name of o	cemetery, crematory		20c. LOC	CATION —	City or Tow	wn, State	
	1 Burlet 2 Cremetion 3 Removal from State Most Holy Redeemer Baltimore, MD								, MD		
	21. SIGNATURE OF FUNERAL SERVICE LI	& Selis	nske	Lil1 700	S. Cor	eile nkli	r, Inc.	Bal	to.,	l Home MD 21224	
	23. PART I. Enter the diseases, or sheck, or heart failure.	complications that cause. List only one cause on	ed the death. Do							Approximata interval Batween	
	IMMEDIATE CAUSE (Final disease or condition resulting in death)	Hyperteurice	Arterior	location of	romacy () work	ai Isea	se		Onset and Daath	
z		h									
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING										
FIC	CAUSE (Disesse or injury that initiated events	DUE TO (OR AS	A CONSEQUENCE O	F):						1	
ER	resulting in death) LAST										
	PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY PERFORMED? AMALABLE PRIOR TO										
MEDICAL	Demonta, old M	eyo medial in	laction				1 TYES 2			AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
			}							1 - YES 2 - NO	
AN	25. WAS CASE REFERRED TO MEDICAL			28.	PLACE OF DEATH	H (Check n	nak onel				
SICI	EXAMINER?	HOSPITAL:	rtpatient 3 DOA	OTHER:	ome 5 - Reside					-	
PHYSICIAN:	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year,	Y 28b. Till	AE OF 28c. I	NJURY AT	_	d. DESCRIBE HOW IF	NJURY OC	CURED		
ВУ	1 Accident 5 Pending 2 Accident Investigation			M 1	YES 2 NO	_			2-40		
	3 Suicide 8 Could not be determined	28s. PLACE OF INJUI building, etc. (Sc	RY — At nome, tarm, pecify)	street, factory, or	lcs	261.	I. LOCATION (Street s City or Town, State)	nd Number	or Rural Ho	oute Number,	
COMPLETED	one)	SICIAN: To the best of my known) and manner as stated.	
BE	and adjusting and title of Certific	ardra			29c. LICENSE	66)	29d. DAT	E SIGNED	(Month, Day, Year)	
5	30. NAME AND ADDRESS OF PERSON W		TONTOPO	S Lau	e Ra	tto	08 80	125			
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE											

М

John

4. SOCIAL SECURITY NUMBER

512-56-2716

3. TIME OF DEATH

2. DATE OF DEATH 04^{DAY} 1991 YEAR MONTH 4:20 P

6. BIRTHPLACE (State or Foreign Country) 7. DATE OF BIRTH

10-27-56 Kansas 9c. COUNTY OF DEATH

9b, CITY, TOWN OR LOCATION OF DEATH BALTIMORE CITY

THE JOHNS HOPKINS HOSPITAL RESIDENCE OF DECEDENT 10b. COUNTY

Baltimore

RICHARD

9e. FACILITY NAME (if not institution, give street and number,

10c. CITY, TOWN OR LOCATION

IF UNDER 1 YEAR

DAYS

MONTHS

Cockeysville

BALTIMORE CITY

10d. INSIDE CITY LIMITS?

1 YES 2 NO

Maryland 10a STREET AND NUMBER

10332 Malcolm Cir.

101, ZIP CODE 21030

IF UNDER 24 HRS.

MIN

HOURS

10g. CITIZEN OF WHAT COUNTRY? U.S.A.

11. MARITAL STATUS

1 Never Merried 2 Merried

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES

IT

5. AGE (In yrs. last birthday)

34

13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-If yes, specify Cuban, Mexicen, Puerto Rican, etc.) 1 YES 2 NO Specify:

14. RACE — American Indien, Black, White, atc. White

3 Widowed 4 Divorced

15. DECEDENT'S EDUCATION (Specify only highest grade or College (1-4 or 5+) 5+yrs

LOCH

1 AM 2 - F

5. SEX

16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) Sr. Progammer analyst 16b, KIND OF BUSINESS/INDUSTRY

U.S.F.&G.

17. FATHER'S NAME (First, Middle, Last)

Elementery/Secondary (0-12)

16. MOTHER'S NAME (First, Middle, Maiden Surname) Ardena June Saggs

John Richard Loch 19a, INFORMANT'S NAME (Type/Print)

19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 414 Kearney Rd. Atchison, Kansas 66022

John Richard Loch

20b. PLACE OF DISPOSITION (Name of cametery, crematory or

20c. LOCATION -- City or Town, State

20e. METHOD Q5 DISPOSITION
1 □ Burlei 2 ☑ Cremation 3 □ Removal from State 4 Donetion 5 Other (Specify)

Hilltop Service Corp.

7-6 Towson, Md/

21. SIGNATURE OF FUNERAL SERVICE LICENSEE.

22. NAME AND ADDRESS OF FACILITY Ruck Towson Funeral Home, Inc. 1050 York Rd. Towson, Md.

shock, or heart fellure. List only one cause on each line. IMMEDIATE CAUSE (Fine disease or condition_ resulting in death)

hymphoma DUE TO (OR AS A CONSEQUENCE OF):

23. PART i. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory arrest,

DUE TO (OR AS A CONSEQUENCE OF):

DUE TO (OR AS A CONSEQUENCE OF):

4

Approximate

Interval Between Onset and Death

Sequentially list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury that initiated events resulting in deeth) LAST

PART II. Other algnificent conditione contributing to death but not resulting in the underlying cause given in Part i.

24a, WAS AN AUTOPSY 1 YES 2 NO

24b. WERE AUTOPSY FINDINGS AMAR ARK F PRIOR TO COMPLETION OF CAUSE OF DEATH?

1 | YES 2 | 10

25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO

27. MANNER OF DEATH

Natural

2 Accident

HOSPITAL:
1 Minesters 2 ER/Outpatient 3 DOA

26a. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) OTHER: 4 - Nursing Home 5 - Residence 6 - Other (Specify) 26b. TIME OF

26c. INJURY AT 26d, DESCRIBE HOW INJURY OCCURED

1 YES 2 NO 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 26t. LOCATION (Street end Number or Rural Route Number, City or Town, State)

3 Suicide 6 Could not be 4 Homicide datermined

29a. CERTIFIER

The CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, end due to the cause(e) end manner ee stated.

2 MEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and menner as stated. 29d. DATE SIGNED (Month, Day, Year)

296 SIGNATURE AND TITLE OF CERTIFIER

5 Pending

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

AND ADDRESS OF PERSO ohn

31. DATE FILED (** 10th, Day, Wear) 1991 32. REGISTRAR'S SIGNATURE

use as the burial-transit compital or attending physician. BALTIMORE, MARYLAND 21203-3146 ò retained notified irs after death. Page 6 may be þe must funeral director, examiner completely filled in by the fall, cremation, or removal, medicai the event, executed within BOX 13146, prior to burial, traumatic and signed by the attending physician Health and Mental Hygiene prior to death certificate be other RECORDS, P.O. 6 injury, requires that the amy has been of h ME S DIVISION OF VITAL The the State tem PHYSICIAN: 6 After this c marked, HOSPITAL OR ATTENDING DIRECTOR: A hours after of 28 Hem TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h

Pages 1, 2, 3 should

permit.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

MEDICAL

PHYSICIAN:

BY

COMPLETED

BE 9

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	State in mount that death certificate be executed within Countries and completely filled in by the intensity of the hospital or attending physician. Certificate the actual part of the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State of the attending physician prior to burial, cremation, or removal.
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	THE HOSPITAL OR ATTENDING PHYSICAN AND THE WOULD THE DESCRIPTION OF THE HOSPITAL DESCRIPTION AND THE CONTINUE AND THE HOSPITAL DESCRIPTION AND THE CHARGO AND THE HOSPITAL DESCRIPTION AND THE CHARGO AND
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	FOR STATE REGISTRAR	STATE OF MARYL		TMENT OF H		MENTAL HYGIEN REG. NO		18289			
	1. DECEDENT'S NAME (First, Middle, Last)	FANNIE	LEWIS	0		2. DATE OF DEATH D	" / 91 YE	3. TIME OF DEATH 7 2 A M M			
	4. SOCIAL SECURITY NUMBER 098 -0596/3	5. SEX 6. AGE ((Ir vrs. last birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	# UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) /2/08/	02 8.8	IRTHPLACE (State or Foreign ountry) Poland			
TOR	90. FACILITY NAME (It not institution, give street end number) washing for 9b. CITY, TOWN OR LOCATION OF DEATH Hebrew Home of peafer Rochville, west go.										
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 100. STATE 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION 100. CITY, TOWN OR LOCATION										
VERAL	6105 Montrose Roa		<i>'</i>	10	2085	2_		OF WHAT COUNTRY?			
B⊀	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER II FORCES? 1 YES IF YES, GIVE WAR OR D	2 X NO	If yes, sp		NIC ORIGIN? (Specify Yein, Puerto Ricen, etc.) y:		RACE — American Indian, Black, White, etc. Specify: White			
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 12 years		18a. DECEOENT'S (Give kind of v life. Do NOT us BOOKK	Contra		ay .					
Š	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Malden	Surneme)				
BE	Abraham Leiter				Eva Mar	ndelberg					
2	19e. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		· ·			
F	Mervin Lewis		5701	32nd St	ceet, N.V	V., Washin	gton, D	.C. 20015			
	20e, METHOD OF DISPOSITION 1 Description 2 Cremetion 3 Remove	val from State	o. PLACE OF DISPOS other place)				OCATION — City				
	4 Donation 5 Other (Specify)	A	das ISra				Washin	gton, D. C.			
	21. SIGNATURE OF FUNERAL SERVICE LICE	a 0		DONALI	ND ADDRESS OF FA	I HERDEU MI	EMORTAL.	FUNERAL HOME			
	> Gonald (Xtox	therrye	2 232 C	ARROLL ST	TREET N.W	WASH	INGTON, D.C.			
	23. PART I. Enter the diseases, or co shock, or heart fellure. L IMMEDIATE CAUSE (Finel	omplications that cause	d the deam, Do r	not anter the mo	ode of dying, aud	h se cerdiec or resp	oiratory arrest,	Approximata interval Between Onset and Daeth			
- 1	disease or condition resulting in death)	aspira	tion	- Reci	irrent			years			
	reauting in daath)	DUE TO (OR AS	CONSEQUENCE O	F):		>	-7-				
z		Multip	LL 547	okus	with	Demer	who				
음	Sequentially list conditions, if any, leading to immediate	_	CONSEQUENCE OF								
₹	ceuse. Enter UNDERLYING CAUSE (Disease or injury	Chronic Due to (OR AS	- 175PI	attor	\						
쁘	thet initiated events resulting in deeth) LAST		SHOWN		0			~ 6 month			
CERTIFICATION	d.	0 45110	210110	1000	2			Q / Haning			
BY PHYSICIAN: MEDICAL C	PART II. Other algorithms contributing to death but not resulting in the underlying cause given in Part I. SP RIAT hip fx 1984, Osteoporosis, Requirem 1 yes 2 No Allocos elevations with the of Armina Preument DDP, Stonger coforny Partial for Gastric Vicer 24a. WAS AN AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 yes 2 No										
ĕ	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		7	LACE OF DEATH (C/	neck only one)					
ŝ	1 mm 1100 mm	1 Inpetient 2 ER/Out	patient 3 DOA	OTHER:	ne 5 🗆 Reeldence	6 Other (Specify)					
H	27. MANNER OF OEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCURE	60			
à l	1 Naturat 5 Pending 2 Accident Investigation			M 1 🗆	YES 2 NO						
	3 Suicide 8 Could not be 4 Homicide datermined	28e. PLACE OF INJURY building, etc. (Spe	f — At home, ferm, city)	street, factory, offi	ce .	28t. LOCATION (Street City or Town, State		tural Route Number,			
COMPLETED	2 MEDICAL EXAMINER	CIAN: To the best of my know. R: On the beste of examination						use(e) end manner ee stated.			
TO BE	296. SIGNATURE AND TITLE OF CERTIFIER	m	P		D35	MBER 79	≥ O 7	SNED (Monthy Day, Year)			
	Susan T. Miller	mp Heb. He	ome Gtv.	wash.	6121 m	ontrose 2	d Rock	er. 11e, 20852			
	31. DATE FILED (MONTO PAY, YOR) 8 19	32. REGISTRAR'S SIGN	widson-Range	482							

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within TO THE FUNERAL DIRECTOR. After this cert is cert in gived by the attending physician and completely be filed within 72 hours after death with the Character of the completely and Mental Hygiene prior to burial, cremating with the Character of the completely or the completely or the completely or the complete or the control of the completely or the completely or the completely or the completely or the control of the completely or the completely or the control of the completely or the completely or the control of th

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

i	1. DECEDENT'S NAME (First Rose	er					JULY 2, 1991 YEAR			YEAR	3. TIME OF DEATH 11:30am₽ м			
	4. SOCIAL SECURITY NUM 279 09 390		8. SEX 1 M 2 F	8. AGE (In yr 78	s. lest birthday) YRS.	IF UNDER	DAYS	IF UNDER	24 HRS. MIN,	7. DATE OF	BIRTH ey, Year)	1913	8. BIRTHI	PLACE (State or Foreign
OR	90. FACILITY NAME (# not le 3556 Chis	wick	,	96. CITY, TOWN OR LOCATION OF Silver Spri										
DIRECTOR	Maryland		10c.SITY. TOWN OR LOCATION ing						10d, INSIDE CITY LIMITS? 1 ☐ YES ♣ 1 NO					
RAL	100. STREET AND NUMBER 3556 Chiswick Court						101	209				- Ca.	IZEN OF W	HAT COUNTRY? States
BY FUNERAL	11. MARITAL STATUS				ZNO		If yee, sp		n, Mexice	IIC ORIGIN? (I n, Puerto Rici			14. RACE Black	- American Indian, , White, atc.
COMPLETED		CEDENT'S EDU- ly highest grade 0-12)			Give kind of life. Do NOT u	work done se retired.)	during mo	st of worki			ND OF BUS		bustry bran	: y
BE COM	17. FATHER'S NAME (First, A Elbridge l	Hurd				• .		200		ME (First, Mid Glase		Surname)	3	
TO B	Nancy Cot	A 44 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A								Route Number, Fu				0759
	20s. METHOD OF DISPOSITION 1-© Burlel 2 Cremation 3 Removal from State 4 Donetton 8 Other (Specify)					L.1 M	iemo	rial	L Pa		Am	her		shp.,Ohio
	21. SIGNATURE OF FUNERA	ALL SERVICE LE	CENSEE			22. I	ves Ar	Pea ling	ss of fa	n Fu	nera 22	10H	omes	
	23. PART I Enter the deposit of the control of the	eart fallure.	List only one cer	Man and	a deeth. Do line.	at								Approximats Interval Between Onset and Dasth
ATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY	diata	b	(OR AS A CO	INSEQUENCE C	OF):								
ERTIFIC	CAUSE (Disease or injusted that initiated events resulting in death) LAS		DUE TO	(OR AS A CO	INSEQUENCE (OF):								
MEDICAL CERTIFICATION	PART II. Other algnific	ant condition	es contributing to	death but	but not resulting in the underlying ceuse given in Pa					Part I. 24s. WAS AN AUTOPSY PERFORMEO? 1 YES 2 NO			24b.	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE DF DEATH? 1 YES 2 NO
CIAN	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТНЕ		LACE OF I	DEATH (Ch	eck only one)			1	
PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5	Pending	1 Inpatient 2 (28e. DATE Of (Month, I	INJURY	28b, TII	4 🗆 Nu	28c. IN.	IURY AT ORK?		a Other (3		INJURY O	CCURED	
TED BY	2 Accident 3 Suicide 6 4 Homicide	Investigation Could not be determined	28e. PLACE (building	OF INJURY — , etc. (Specify)	At home, farm,				NO		ION (Street Town, State)		er or Rural R	loute Number,
COMPLETED	TOTAL DINY		ICIAN: To the best of) and manner ee stated.
8	29b. SIGNATURE AND TITL	E OF CENTURY	Thi	ll				29c. LIC	ENSE NU	MBER		29d. OA	TE SIGNEO	(Month, Day, Year)
5	30. NAME AND ADDRESS (F PERSON WI	O COMPLETED CAL	SE OF OEATH	I (ITEM 27) (Typ	e, Print)								
	31. DATE FILED (Month, Day JUL 08		Julia Dav	AR'S SIGNATI	indesc.									

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within nours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached and completely filled in by the funeral director, page 5 should be detached and the funeral death with the State Dem of Haath and Mental Horiene prior to burial, cremation, or removal.	the medical examiner was the notified at one of the second of the notified at once.

mit. Pages 1, 2. 3 should

1	FOR STATE REGISTRAR	STATE OF MARYL	LAND / DEPARTM CERTIFICA			MENTAL HYGIEN REG. NO		18291
	1. DECEDENT'S NAME (First, Middle, Last)	<i>D</i> .	100RE		7-7	7 5		3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 4/13 09 3072			UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	/	BIRTNPLACE (State or Foreign Country) Tenn.
5	90. FACHLITY NAME (If not institution, give si CHURCH HUSPI')		9b.		LTIMOI		9c. COUNTY	OF DEATN
DINECTOR	104. STATE 10b. COUNTY		10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS? 1 YES 2 NO
	106. STREET AND NUMBER 621 Fox Bow Dri		Del	101.	ZIP CODE 21014			OF WHAT COUNTRY?
DI FONENAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	2 K NO	13. WAS DEC	ENDENT OF HISPAN	IC ORIGIN? (Specify Yen, Puerto Rican, etc.)	e or No- 14.	RACE — American Indian, Black, White, atc. Specify: White
	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondery (0-12)		16a. DECEDENT'S USU (Give kind of work life. Do NOT use ret	IAL OCCUPATIO done during mo- tired.)	IN It of working	16b. KIND OF BU	SINESS/INOUST	TRY
BE COMPLET	17. FATHER'S NAME (First, Middle, Lest) John P. Moore							
	19a. INFORMANT'S NAME (Type/Print) Charles M. Moor	te	Development of the second of t			Bel Air,		
	20a METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	noval from State	ob. PLACE OF DISPOSITION (No. 1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	N (Name of center Hi	netery, cremetory or .11		len Bur	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE LIKE Malter	Salenorus	iki	Walt		wski Fune		npel ore, Md. 21224
	23. PART I. Enter the diseases, preshock, or heart feiture. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. META	each fine.			ARCINO		Approximate interval Between Onset and Death
CERTIFICATION	Sequentially list conditions, if any, leeding to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	с	A CONSEQUENCE OF):					
PHISICIAN: MEDICAL O	PART II. Other significent condition	na contributing to death	but not resulting in t	he underlyin	g ceuse given in	Part i, 24a. WAS A PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
1	25. WAS CASE REFERRED TO MEDICAL				LACE OF DEATH (Ch	eck only one)		
5	EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 - ER/Ou		THER:	ne 5 🗆 Residence	6 Other (Specify)		
DY PRI	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26s. DATE OF INJURY (Month, Day, Year)		Y WO	URY AT ORK? YES 2 NO	284. DESCRIBE HOW	INJURY OCCUR	IED
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stree pecify)	et, factory, offic	•	28f. LOCATION (Street City or Town, State		Rural Route Number,
COMPLEIED	(Check only	SICIAN: To the best of my kno NER: On the basis of examinat						couse(s) and manner as stated.
N N	296. SIGNATURE AND TITLE OF CERTIFIE	lou, M.D			29c. LICENSE NUI	MBER 695		HIGNED (Month, Day, Year) - 5 - 91
2	30. NAME AND ADDRESS OF PERSON WITH ABDALLAH J. HE	HO COMPLETED CAUSE OF I	DEATH (ITEM 27) (Type, PH	ini) H Has		70, MD		
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SK	GNATURE CONDUCTION					

- No.

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	funer	within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
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Benjamin W. Preller 7 5 1991 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (in yrs. lest birthdey) F. UNDER 1 YEAR	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY?
4. SOCIAL SECURITY NUMBER 212-03-9579 1	od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? A. American Indian, White, atc.
212-03-9579 1	od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? A. American Indian, White, atc.
1714 B Edgewood Rd. TXXXXXX Parkville Balto.	Od. INSIDE CITY LIMITS? YES 2 NO AT COUNTRY? A. American Indian, White, atc.
106. STREET AND NUMBER 1714 B Edgewood Rd. 11. MARITAL STATUS 1 Never Married 2 Merried 17. Decedent Ever in U.S. Armed Forces? 1 Yes 2 No If Yes, appectly Cuban, Maxican, Puerto Rican, etc.) 13. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Id. RACE—Black, W. Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. Yr S 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use relined.) 16. MOTHER'S NAME (First, Middle, Last) 109. CITIZEN OF WHA 1714 B Edgewood Rd. 11. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No— Id. RACE—Black, W. Specify: 14. RACE—Black, W. Specify: 15. DECEDENT'S EDUCATION (Give kind of work done during most of working life. Do NOT use relined.) 16. KIND OF BUSINESS/INOUSTRY Steel 17. FATNER'S NAME (First, Middle, Last)	LIMITS? YES 2 NO AT COUNTRY? A. American Indian, White, atc.
106. STREET AND NUMBER 1714 B Edgewood Rd. 11. MARITAL STATUS 1 Never Married 2 Merried 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No— Head, Maxican, Puerto Rican, etc.) 14. RACE—Black, W. Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) 15. DECEDENT'S EDUCATION (Give Mind of work done during most of working life. Do NOT use refined.) 16. KIND OF BUSINESS/INOUSTRY 16. Metallurgist Steel 17. FATNER'S NAME (First, Middle, Last)	LIMITS? YES 2 NO AT COUNTRY? A. American Indian, White, atc.
3 XXWIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5 yr's Metallurgist Steel 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Wetallurgist Steel 16. MOTHER'S NAME (First, Middle, Last)	A American Indian, White, atc.
3XXWIdowed 4 Divorced IF YES, GIVE WAR OR DATES 1 YES 2 X NO Specify: 15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 5+) 5 yr's Metallurgist Steel 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Wetallurgist Steel 16. MOTHER'S NAME (First, Middle, Last)	White, atc.
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 5 yr's 16. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Metallurgist Steel 18. MOTHER'S NAME (First, Middle, Last)	
Elementary/Secondary (0-12) College (1-4 or 5+) Metallurgist Steel 17. FATNER'S NAME (First, Middle, Last) Glave kind of work done during most of working life. Oo NOT use retired.) Metallurgist Steel 18. MOTHER'S NAME (First, Middle, Maiden Sumarne)	
17. FATNER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surmame)	
10. MOTHER'S NAME (First, Middle, Marcen Sumanne)	
George Preller Elizabeth Bittne	er
Mr. Lawrence L. Preller 196. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9636 Mason Ave. Baltimore, MD 21234	
20e. METNOD OF DISPOSITION 1 X Burlel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of cemetery, crematory or other place) Holy Rosary 7/9/91 20c. LOCATION - City or Town, Place of cemetery, Crematory or other place)	
21. SIGNATURE OF FUNERAL SERVICE LICENSEE Paul L. Hartsock, Jr. 22. NAME AND ADDRESS OF FACILITY	21214
Leonard J.Ruck 5305 Harford Rd.B	
23. PART L Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cerdiec or reepiratory arrest, IMMEDIATE CAUSE (Finel disease or condition resulting in death) a. Allerosclerofic Catholio Miscular disease	Approximate Interval Between Onset and Death
DUE TO (OR AS A CONSEQUENCE OF):	10
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING	
Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST b. OUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d.	2
PERFORMEO? 1 YES 2 NO OF	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH? YES 2 A NO
25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one)	
EXAMINER? 1 YES 2 TO 1 Inpetient 2 ER/Outpetient 3 DOA 4 Nursing Home 5 Residence 8 Other (Specific)	
27. MANNER OF DEATN 26a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED INJURY AT WORK?	
3 Suicide e Could not be 28e. PLACE OF INJURY — At home, farm, street, factory, office 281. LOCATION (Street and Number or Rural Route)	e Number,
29s. CERTIFIER (Check unit) CERTIFYING PHYSICIAN: To the best of any knowledge of the occurred at the time, data and place, and due to the cause(s) and manner as stated.	
MEDICAL EXAMINETE On the season of a sampleston for investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e) and 296. SIGNATURE AND TITLE OF CENTIFIER 296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 296. LICENSE NUMBER 296. OATE SIGNED MADE	
D 32 939 > 7/S	/91
Gregory S. Pokrywka M.D. 8406 Harford Rd. Balto., Md. 21234	21
31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE JUL 8 1991 Gukin Davidson Production	

	FOR STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC	ENT OF H	DEATH AND N	MENTAL HYGIE	NE	102	33		
100	1. DECEDENT'S NAME (First, Middle, Last) Albert	Pipesh				7 -	7 9°		30P N		
	4. SOCIAL SECURITY NUMBER 364-10-9832 9a. FACILITY NAME (If not institution, give a	1 🗶 M 2 🗆 F	79 YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS MIN.	7. DATE OF BIRTTN (Month, Day, Year) 7/15/11		BIRTHPLACE (State of Country) Michigan	r Foreign		
стов	Levindale Baltimore City										
DIRE	Michigan Ios.			10d. INSIDE C LIMITS? 1 YES 2	Ŋ NO						
FUNERAL	6761 E. Prescott				48770		U.	S.A.			
BY FU	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp		IIC ORIGIN? (Specify Y n, Puerto Rican, etc.) ::	es or No 14.	RACE — American Black, White, etc. Specify: Whi			
LETED	15. DECEDENT'S EDU (Specify only highest grade	CATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use n	done during mo tired.)			USINESS/INDUS	TRY			
COMPL	8th Grade 17. FATHER'S NAME (First, Middle, Lest) Joseph Pipesh		Steelw	orker	ALTERNATION OF THE PARTY OF THE	ME (First, Middle, Maide	en Sumame)	Steel Co.			
TO BE	190. INFORMANT'S NAME (Type/Print) Frank Pipesh				and Number or Rural F	aret Geanu Route Number, City or R Baltimore	own, State, Zip Co	21207			
	20s. METHOD OF DISPOSITION X X Burlel 2 Cremetlon 3 Ren 4 Donetlen 5 Other (Specify)	noval from State 201	I (Name		OCATION — City						
	21. SIGNATURE OF FURERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Loring Byers Funeral Directors, Inc. 8728 Liberty Road Randallstown, MD										
	23. PART I. Enter the diseases, prescription of the disease of condition resulting in deeth)	List only one cause on e	ech line.					Approx			
CERTIFICATION	Sequentially liet conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST										
MEDICAL CE	PART II. Other significent condition						AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOP AVAILABLE PF COMPLETION OF DEATH? 1 — YES 2	NOR TO DF CAUSE		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	PLACE OF DEATH (Ch	in the second		<u> </u>			
BY PHYS	27. MANNER OF DEATH 1 Statural 5 Pending 2 Accident Investigation	28a. DATE DF INJURY (Month, Day, Year)	28b. TIME (OF 28c, IN W	JURY AT ORK? YES 2 NO	25d. DESCRIBE NOV	V INJURY OCCUP	RED			
ETED	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spe	CO .	28f. LOCATION (Stre- City or Town, Sta		Rural Route Number,					
COMPL	CONSTRUCTION OF THE PROPERTY O	BICIAN: To the best of my know ER: On the basis of examination						ause(s) and manner	ss stated.		
O BE	2010 SIGNATURE AND TITLE OF CERTIFIE	1 0. 1/m	- his		29c. LICENSE NUI	63 →	29d. DATE	STEEL MOUTH, Day, 1	(ear)		
	30. NAME AND ADDRESS OF PERSON WESTREWTA. O. +	HO COMPLETED CAUSE OF DI	EVINITAVE	HUBR	EN GERI	ATRIC CO	NT312	HOSPITAL			

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nonemon.	 of Health and Mental Hygiene prior to burial, cremation, or removal. 	once.
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DIDOING >		shows any injury, or other traumatic event, the medical examiner must be notified at once.
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18294 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

- STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 91 18294 CERTIFICATE OF DEATH REG. NO.										
I. DECEDENT'S NAME (First, Middle, Last) Joyce			2. DATE	05 - 1	991	3. TIME OF DEATH					
212-05-7705	5. SEX 6. 1 M 2XXF	AGE (In yrs. last birt		YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	(Monti	of BIRTH 1, Day, Year) 14-19		BIRTHPLACE (State or Foreign Country) Maryland			
2112 Cambridg				timore Ci			9c. COUNTY	Y OF DEATH			
RESIDENCE OF DECEDENT 106. STATE 106. COUNT Maryland	TY 10c. CITY, TOWN OR LOCATION Baltimore City							10d. INSIDE CITY LIMITS? 1/3/YES 2 \(\text{NO} \) NO			
2112 Cambridge	Stroot			101. ZIP CODE 21231				N OF WHAT COUNTRY?			
2112 CAMBLINGS II. MARITAL STATUS I Never Merried 2 Merried XXMidowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	AS DECENDENT OF HISPA yes, specify Cuban, Mexic YES 27 NO Specify	en, Puerto			I. RACE — American Indien, Black, White, etc. Specify: White					
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5+)	16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.)				KIND OF BU		STRY			
3 17. FATHER'S NAME (First, Middle, Last) Michael Tutir	n	HO	usewif	18. MOTHER'S N	Housewife NAME (First, Middle, Meiden Surneme) erine Wrsecrarek						
190. INFORMANT'S NAME (Type/Print) Anna Augustyn:				(Street and Number or Rural 1wood Ave							
20s. METHOD OF DISPOSITION 1 1 Burisi 2 Cremation 3 Res	moval from State	20b. PLACE AND of cemetary, cre- Meadow	DATE OF OISPO matory or other pla Tridge	SITION (Name Cemetery	7/8/	9 L Ba	cation — ch	or Town, State			
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE SOL	. 6:	Li	AME AND ADDRESS OF F	ler	Inc	. fun	eral Homes			
23 PART I Enter the diseases of	complications that c	aused the death	19	Ul Easter	n Av	/enue	Balt	o., MD 2123			
23. PART I. Enter the diseases, or ahocy, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. List only one couse	on each line. No. 10 S RAS A CONSEQUE	Do not enter to	the mode of dying, au	ch sa cer	diec or reap	Iratory arrea	o., MD 2123			
ahock, or heert feliure IMMEDIATE CAUSE (Finel disease or condition	a. DUE TO (OF	on each line. No. 10 S RAS A CONSEQUE	Do not enter to	the mode of dying, au	ch sa cer	diec or reap	Iratory arrea	o., MU 2123 Approximate Interval Between			
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DHMH-16 Rev 1/89

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEDENT'S NAME (First	, Middle, Last)								2. DATE OF E	DEATH		3	. TIME OF DEATH
	Anna M.	Puls								MONTH /-6-	-91 DAY	YE	EAR	6:05 AM
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs. les	t birthday)	IF UNDER	R 1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH		8. BIRTHPLACE (State or Foreign		ACE (State or Foreign
	215-01-344	1	1 □ M 2 🏋	82	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, De 10-28	3-1908		Country)	imore
	9a. FACILITY NAME (If not in	nstitution, give a	street and number)			9b. CITY	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF						OF DEA	тн
O. HO	BelAir Conv		ent Cente	er			Bel.	Air				На	arfo	ord
딦	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY				10c. CITY, TOWN OR LOCATION 10d.						Od. INSIDE CITY			
DIRECTOR	MD. Harford										LIMITS?			
	10e. STREET AND NUMBER				1	1.		f. ZIP COD	E		1	10g. CITIZEN		AT COUNTRY?
FUNERAL	176 Mount	Royal	l Avenue					2.	1001			U.	.S.A	A.
5	11. MARITAL STATUS			NT EVER IN U.S. AR						IIC ORIGIN? (S		r No- 14.	RACE -	- American Indian, White, etc.
BY	1 Never Married 2 SWidowed 4 Divo			WAR OR DATES					Specify		, 410.,		Specify:	
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COMPLET	Elementary/Secondary (I		College (1-4 or 5	+) //fe.	. Do NOT u	se retired.)								-
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BE CC	Charle		lalone						Mary	ME (First, Middli	-	emens		
TO B	19a. INFORMANT'S NAME (Route Number, C				
	Anna M. Kil									Abero			_	
	20a. METHOD OF DISPOSIT	on 3 🗆 Flam	noval from State	other pl	20b. PLACE OF DISPOSITION (Name of cometery, other place) Parkwood Cemetery 22. NAME AND AD				matory or			TION — City		n, Stata
	21. SIGNATURE OF FUNERA	15.6.1.1.197.	свурен 6	- Far								Lto. Md. 5415 BElair Road		r Pond
	* Kath	Tues	h. hu	yohn		J	John	C. I	4i11e	er. Inc				Md21206
-	23. PART I. Enter the d	liceccea, or	complications the	et coused the de	eath. Do									Approximate
	anock, or n	eart fellure.	List only one ce	use on each line										
	IMMEDIATE CAUSE (Fit disease or condition reaulting in deeth)				_	MAN	can	x Er	xha	luis	n			Interval Between Onset and Death
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Troid of Selection of Selection

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1	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burillaritamist permit. Pages	1	
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TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 2. Jours after death. Page 6 may be retained by the hospital or attending physician.	NRECTO!	be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
PITAL (ERAL D	in 72 ht	T. H. III
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10	101	De fi	MP

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	1 - FOR STATE REGISTRAR	TE OF MARYLAND / DI CER	EPARTMENT OF		MENTAL HYGIENE REG. NO.		10230
	1. DECEDENT'S NAME (First, Middle, Last)	2			2. DATE OF DEATH		3. TIME OF DEATH
	Angelica, -	Ramos			MONTH BAY	9 /	6 M
	4. SOCIAL SECURITY NUMBER 5. SEX		MONTHS DA		7. DATE OF BIRTN (Month, Day, Ybar);	6. BIR'	THPLACE (State or Foreign ntry)
	20 0	, ,	YRS.		10/2/1		uerto Rico
œ	9a. FACILITY NAME (If not institution, give street and			VN OR LOCATION OF DE		9c, COUNTY OF	DEATH
<u>ō</u>	Good Samaritan Ho	spital	Balt	imore Ci	ty l		
E	10a. STATE 10b. COUNTY		Oc. CITY, TOWN OR LO	CATION			10d. INSIDE CITY LIMITS?
BY FUNERAL DIRECTOR	Maryland Balti	.more					1 TYES 2 NO
Z	10e. STREET AND NUMBER			101. ZIP CODE		10g. CITIZEN OF	WHAT COUNTRY?
NEI	105 Aven Way, Bal	timore, Md.		2123		U.S.A	
5	1 Never Married 2 Married FO	AS DECEDENT EVER IN U.S. ARMED DRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	If yes	, specify Cuben, Mexica		Bio	CE — American Indian, ick, White, etc.
	3 Widowed 4 Divorced	NO	''*	yes 2 □ no spec <i>h</i> y Puerto R			white
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete	16a. DECEC	DENT'S USUAL OCCUI	PATION	16b, KIND OF BUS	INESS/INDUSTRY	
91	Elementary/Secondary (0-12) Colle	ife. Do	NOT use retired.)				
MP	12 years 17. FATHER'S NAME (First, Middle, Last)	H	<u>ousewife</u>				
8	Rosendo Echevarri	0		1111	ME (First, Middle, Maiden S		
8	19a, INFORMANT'S NAME (Type/Print)		IAILING ADDRESS (Str		rrate Ram Route Number, City or Town		
2	Arlene Laporte	27	7 Benn W	av Balt	imore. Mc	1 2127	3.6
	20a. METNOD OF DISPOSITION	20b. PLACE OF	DISPOSITION (Name of	cemetery, crematory or		ATION — City or	
	Burlel 2 Cremation 3 Removal fro	uuu	/anilla	Cemetery	Guay	anilla	P.R.
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	Vato hering 1	Reclair	AND ADDRESS OF FA	COLITY CO.	0	·
	Deorge X.X	Tehm ith	1 2	lly &	Jeu	lev	
	23. PART I. Enter the diseases, or complice shock, or heart failure. List on	cations that caused the death	. Do not antar tha	moda of dying, suci	h as stirdiec or respir	story arrest,	Approximate interval Between
	IMMEDIATE CAUSE (Finel	()		<u> </u>	1		Onset and Death
	disease or condition a	-ardi	ac 1	the	11-		
_ 1		DUE TO (OR AS A CONSEQUE	INCE OF):	2nl	arche	10	
<u>o</u>	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A CONSEQUE	INCE OF):	2.6.		11	
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury	13451/24	sper	Welli	tus		
E	that initiated events resulting in death) LAST	OUE TO (OR AS A CONSEQUE	ENCE OF):				
CERTIFICATION	d						
CAL	PART II. Other aignificent conditions cont	ributing to death but not rese	ulting in the under	lying ceuse given in	Part I. 24s. WAS AN / PERFORI		4b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
20					1 YES 2		COMPLETION OF CAUSE OF GEATH?
M							1 [] YES 2 [] NO
PHYSICIAN: MEDI							
S		SPITAL:	OTHER:	B. PLACE OF DEATH (Ch			
14S		npetiant 2 ER/Outpetient 3 26e. DATE OF INJURY 2		Home 5 Residence	8 ☐ Other (Specify) 28d. DESCRIBE HOW IN	JURY OCCURED	
<u>-</u>	1 Netural 5 Pending	(Month, Day, Year)	INJURY	WORK?			
) BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJURY — At home, building, atc. (Specify)	, farm, atreet, factory,	office	28f. LOCATION (Street a City or Town, State)	nd Number or Run	al Route Number,
COMPLETED	4 Homicide determined	bunuing, area (openny)			City of rown, State)		
PLE		o the best of my knowledge, death	occurred at the time,	date and place, and dua	to the cause(a) and men	ner as stated.	
ON	one) 2 MEDICAL EXAMINER: On the	he basis of examination and/or inve	estigation, in my opini	on, death occured at the	time, data and place, and	d due to the caus	e(a) and menner as stated.
BEC	296. SIGNATURE AND TITLE OF CERTIFIED	ha	1	29c. LICENSE NUI	MBER	29d. DATE SIGN	ED (Month, Day, Year)
2		- 141	- 614			1	-1-01
	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 2	(Type, Print)	MAN			
ŀ	31: DATE EILEN (Month, Day Vene) 3	32. REGISTRAR'S SIGNATURE	1. 60	D	1		
ļ	1 ps-1	HH 8 1991	Julia Dair	Pay-Noulon			

	1. DECEDENT'S NAME (First, Middle, Lateral Lat	si) Ethel Malf	rieda Ros	4088		2. DATE OF OEATH	Y 9"	3. TIME OF GEAT
	4. SOCIAL SECURITY NUMBER 2 20 26264	5. SEX 6. AGE	E (In yrs. last birthday) 67 YRS.		UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 03/29/1		BIRTNPLACE (State or Fo.
TOR	90. FACILITY NAME (II not institution, ght Good. Samaritar			96. CITY, TOWN OR LO	ocation of dea none (i		9c, COUNTY	OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10e, STATE 10b, COU	NTY		ry, town or Location Baltimore				10d, INSIDE CITY LIMITS? 1X YES 2
FUNERAL	937 South Bowl	din Street			21224			S.A.
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES	S 2X NO	If yes, specify		C ORIGIN? (Specify Yes , Puerto Rican, etc.)	or No- 14.	RACE American India Black, White, etc. Specify: White
TED	15. OECEDENT'S E (Specify only highest gr	EDUCATION rade completed)	16a. DECEDENT'S	B USUAL OCCUPATION work done during most of ise retired.)	working	16b, KIND OF BU	SINESS/INDUST	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5 +)		ss (hecken		Wester	n Elec	tric (orp.
	17. FATHER'S NAME (First, Middle, Last) John Schwar			18.		ne Tucker		
TO BE	19a. INFORMANT'S NAME (Type/Print)	23		G ADDRESS (Street and N	Number or Rural Re	oute Number, City or Tow		de)
=	Edward P. Ross			S. Bouldin		1	21224	Mi white days of
	20a. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 R 4 Donation 5 Other (Specify)	temoval from State	20b. PLACE AND OAT of cemetary, cremator	or other place) ant of Jes	us Com.	1-0-	Dundal	or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	71000	22 NAME AND A	DDRESS OF FAC	HITY		6224 Eastern Av
	Charles	D. Zeiler	J	(hanle	1 3./01	len & Son	Inc.	C
	IMMEDIATE CAUSE (Final disease or condition	or complications that causers. List only one cause on						, Approxin
ERTIFICATION	shock, or heart fellu IMMEDIATE CAUSE (Final	a. DUE TO (OR AS		Ca o				, Approxin
MEDICAL CERTIFICATION	shock, or heart fellu immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS d. DUE TO death	S A CONSEQUENCE O	OF): OF): In the underlying co	of dying, such	ee cardiec or reep	N AUTOPSY RMED?	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF OEATH?
MEDICAL	shock, or heart fellu IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit General 13	a. DUE TO (OR AS b. DUE TO (OR AS c. DUE TO (OR AS d. tions contributing to death	S A CONSEQUENCE OF A CO	OF): OF): OF): OF): OF): OF): OF): OF):	of dying, such	Part I. 24a. WAS AN PERFO	N AUTOPSY RMED?	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF OEATH?
MEDICAL	shock, or heart fellu IMMEDIATE CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Security 25. WAS CASE REFERRED TO MEDICA EXAMINERY 1 YES 2 NO	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENCE OF A CO	DF): DF): DF): 26. PLACI OTHER: 4 Nursing Name !	euse given in I	Part I. 24a. WAS AN PERFOI 1 YES :	N AUTOPSY RMED?	24b. WERE AUTOPSY AMILABLE PRIOR COMPLETION OF OF GEATH? 1 YES 2
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D BY PHYSICIAN: MEDICAL	shock, or heart fellu IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit Severe 12 25. WAS CASE REFERRED TO MEDICA EXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Natural 5 Pending 1 Pending 1 Investigation 2 Accident 3 Suicide 6 Could not determine 290. CERTIFIER (Check only)	DUE TO (OR AS DUE TO	S A CONSEQUENCE OF THE PROPERTY OF THE PROPERT	OF): OF): OF): OF): In the undarlying control of the property of the prope	euse given in i	Part I. 24a. WAS AN PERFO 1 TYPES : CK only one) 5 Other (Specify) 28d. DESCRIBE NOW 28f. LOCATION (Street City or Rown, State to the cause(e) and mathime, date and place, a	N AUTOPSY RMED? 2 NO INJURY OCCUP and Number or other as stated. and due to the c	24b. WERE AUTOPSY AMALABLE PRIOR COMPLETION OF OF OEATH? 1 YES 2 RED

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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DIVISION DE WITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND
TO THE HOSPITAL OR ATTENDING TO THE WAR TO LAW requires that the death certificate be executed within 25 mours after death. Page 6 may be retained by the hosp
TO THE FUNERAL DIRECTOR; After infection as been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache he filed within 72 hours after death with the State Debt, of Health and Mental Hygiene prior to burial, cremation, or removal.
IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARYL			OF HEALTH		ENTAL HYGIENI REG. NO.	91	- 1	8298
	1. DECEDENT'S NAME (First, Middle, Last) WILLIAM A.	RATTMAN						1991	YEAR	7:35 P M
E 4	4. SOCIAL SECURITY NUMBER 215-32-5561	1XXM 2 □ F	(In yrs. last birthday)		DAYS HOURS	MIN.	7. DATE OF BIRTH		Balt	ACE (State or Foreign
NO HO	96. FACILITY NAME (If not institution, give st THE JOHNS HOPK				OWN OR LOCAT			9c. COUNT	Y OF DEAT	
риестой	10a. STATE 10b. COUNTY	timore	10c. CIT	Y, TOWN OR	LOCATION					Dd. INSIDE CITY LIMITS? VES 2 NO
-	100. STREET AND NUMBER 8900 Parlo R				101. ZIP COD	236				AT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF YES, GIVE WAR OR IS 5-17-54	2 NO	If:	S DECENDENT	OF HISPANIC	C ORIGIN? (Specify Yes Puerto Rican, etc.)	or No 1	Specify:	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u	work done du se retired.)	ring most of work		DEpt. (nV
BE COM	17. FATHER'S NAME (First, Middle, Lest) William A. Ra			-	18. MOT	rher's nam Rose	E (First, Middle, Maiden G	Sumame) allior	n	
70	19a. INFORMANT'S NAME (Type/Print) Carol A Zander		8900	Parlo	Road	Balti	more, Md	21236		
	20a. METHOD OF DISPOSITION 12 Burlel 2 Cremetion 3 Rem 4 Donetion 5 Other (Specify)	oval from State	other place) Gardens	of I	Saith C	em.		Balti	imore	.=
	21. SIGNATURE OF FUNERAL SERVICE LIC	In huy	hez		nn C. M		R			-21206
	23. PART I. Inter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. Massage on a cause on a		Lyn	plom	ying, such	aa cardlac or reapl	ratory arres	st,	Approximata Interval Batween Onset and Death I 3 man hs
CERTIFICATION	Sequentisity list conditions, if any, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O		rea	ing	1775.			Z-MONINS,
PHYSICIAN: MEDICAL	PART II. Other significant condition	s contributing to death	but not resulting	In the und	erlying cause	given in P	Part I. 24a. WAS AN PERFOR	MED?	â	VERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	Ipatient 3 DOA	OTHER			ck only one) 3 Other (Specify)			
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. OATE OF INJURY (Month, Day, Year)	IN	JURY M	28c. INJURY AT WORK? 1 YES 2	_ [28d. DEȘCRIBE HOW I	NJURY OCC	JRED	
	3 Suicide 8 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, atc. (Sp	IY — At home, ferm, ecify)	street, facto	ry, office		28f. LOCATION (Street a City or Town, State)		or Rural Ro	ute Number,
COMPLETED	contact only	ER: On the best of my kno								and manner as stated.
TO BE C	296. SIGNATURE AND TITLE OF CERTIFIE 30. NAME AND ADDRESS OF PERSON WI	HO COMPLETED CAUSE OF D	1D Ph	Dr.	39c. LI	SO4	BER	29d. DATE	SIONED (Month, Day, Wear)
	A 1 1 1 1 .	ULZ M.D.	Town		O, Joh	ins He	SPKINS HO	SPIT	ALI	BALTIMORE
	JUL 08 1991	gelia Davidson	-Randelle							

TO THE HOSPITAL OR ATTENDING THE IAW requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR. Ang this confirme has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21215-0020 VITAL RECORDS, P.O. BOX 68760,

1 - FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPARTMEN CERTIFICAT	T OF HEALTH AND E OF DEATH	MENTAL HYGIEI REG. NO		10233
1. DECEDENT'S NAME (First, Middle DONS	E. Rob	erts		7	2 9	3. TIME OF DEATH 7. 30 A
4. SOCIAL SECURITY NUMBER 2/9-38-3589 9s. FACILITY NAME (# not institution	1 🗆 M 2 🕮 F	56 YRS. MONTHS	R 1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN. TY, TOWN OR LOCATION OF E	7. DATE OF BIRTH (Month, Day, Year)		NATHPLACE (State or Foreign Country)
735 RESIDENCE OF DECEDE	W. Kinasu	say	Baltim	ore	9c. COONTY	OF DEATH
Md.	COUNTY	10c. CITY, TOWN	Himore	City		10d. INSIDE CITY LIMITS? 1 YES 2 NO
735 W	Kingswar		101. ZIP CODE 2122	0	u	S A
11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced	12. WA'S DECEDENT EVE FORCES? 1 YE IF YES, GIVE WAR OF	S 2 NO	It was DECENDENT OF HISP/ If yes, specify Cuben, Mexic 1 TYES 2 NO Spec	an, Puerto Rican, atc.)		RACE — American Indian, Black, White, atc. Specify: Black
	T'S EDUCATION est grade completed) College (1-4 or 5 +)	16a. DECEDENT'S USUAL (Give kind of work don life. Do NOT use retired	e during most of working	16b. KIND OF B	USINESS/INDUST	RY
17. FATHER'S NAME (First, Middle,	Last)	Curcia	18. MOTHER'S N	AME (First, Middle, Maide	n Surname)	
Henry	Stevens		Hen	eritte	Ail	Kens
19a. INFORMANT'S NAME (Type)	int)	19b. MAILING ADDRE	SS (Street and Number or Rura	Route Number, City or To	wn, State, Zip Coo	
20g. METHOD OF DISPOSITION	OCK	20b. PLACE AND DATE OF DIS	POSITION (Name	DATE 20c. L	OCATION - City	or Town, State
1 Buriel 2 Cramation 3 4 Donation 5 Other (Spec		of cemetary, crematory or other	place)	7-6 7	Baltin	nore
21. SIGNATURE OF FUNERAL SER	Brown		2. NAME AND ADDRESS OF F VIVIAM C. P. 206 W. DOC	srown Ca		Hd. 21217
IMMEDIATE CAUSE (Final disease or condition resulting in dasth)	allure. List only ona ceuse or	S A CONSEQUÊNCE OF):	ala Fla	elle.		Interval Betwee
Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST		S A CONSEQUENCE OF):	dai Ak	Tyre.	ê	
PART II. Other significant or	onditions contributing to deat	h but not resulting in the	undariying cause given i		N AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FINDHY MARILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO ME	DICAL		26. PLACE OF DEATH (C	Check only one)		
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpetient 2 ER/C	Outpetient 3 DOA 4 N	ER: jurning Home 5 Phasidence	8 Other (Specify)		
27. MANNER OF DEATH 1 Natural 5 Pend	28a. DATE OF INJUI (Month, Day, Yea		28c. INJURY AT WORK?	28d. DESCRIBE HOV	INJURY OCCUR	EO
2 Accident Invest 3 Suicide 8 Could	tigation 28e, PLACE OF INJ	URY — At home, farm, street, fi	1 YES 2 NO	281, LOCATION (Stree City or Town, Sta		Bural Boute Number,
one)	IG PHYSICIAN: To the best of my k					suse(a) and menner as stated.
29b. SIGNATURE AND TITLE OF C	жирфия	-	29c. LICENSE N	UMBER	29d, DATE S	GNED (Month, Day, Year)
1 de	h	1	D 19	1221	D 7	7.3-51
223	RSON WHO COMPLETED CAUSE OF	BALT.	m 2121	(
31. DATE FILED (Month, Day, Year)	2 Davidson					

DIVISION

Pages 1, 2, 3 should

for use as the burlal-transit

2

31. DATE FILED (Month, Day, Year)

1991

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

ia Davidson

TO THE HOSPITAL OF TO THE FUNERAL D be filed within 72 ho

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospi	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	65
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NG P	ter t	E
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ATTE	6	28
OR	FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formation of permitting of	within 12 hours after organ with the base dept. Or regard and injury, or other traumatic event, the medical examiner must be notified at once.
TAL	ME	2
OSPI	JNE	E
至	4	1

18300 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 1991 YEAR 21, JUNE BABY BOY ROBINSON 11:37P 8. BIRTNPLACE (State or Foreign 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) | IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 1 M 2 F 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE BALTIMORE CITY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY MD 1 T YES 2 NO CITY BALTIMORE 10e. STREET AND NUMBER FUNERAL 10g. CITIZEN OF WHAT COUNTRY? 10f. ZIP CODE 2631 ROUND ROAD 21225 11. MARITAL STATUS WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or Noif yes, specify Cuban, Maxican, Puerto Rican, etc.)
 T YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2 NO Never Married 2 Married **BLACK** BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b, KIND OF BUSINESS/INDUSTRY (Specify only highest Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 16. MOTHER'S NAME (First, Middle, Malden Sumame) LARRY TATE ADRIENNE ROBINSON BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 ADRIENNE ROBINSON 2631 ROUND ROAD BALTIMORE MARYLAND 21225 20s. METNOD OF DISPOSITION
1 □ Burlel 2 □ Cremation 3 □ Removal from State
4 □ Donation 5 【X Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c. LOCATION — City or Town, State JOHNS HOPKINS HOSPITAL 6/21 BALTIMORE. MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 10 23. PART / Enter the diseases, or complications that coused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate shock, or heart fellure. List only one cause on each line. Interval Between **Onaat and Death IMMEDIATE CAUSE (Finel** disease or condition resulting in death) Pra revient DUE TO (OR AS A CONSEQUENCE OF): uppo volercia 2018m310e 24-36m CERTIFICATION Sequentielly list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING -150hras PONIC DUE TO (OR AS A CONSEQUENCE OF): CAUSE (Disesse or Injury that initiated events SE120200. Brok resulting in death) LAST 4days PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL SUBCOMPSWOK nenatora COMPLETION OF CAUSE 1 TES TO NO Intraventicular hemorinag 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL:
14 Inpatient 2 ER/Outpatient 3 DOA 1 TES 2 NO OTHER: HOSPITOL 4 - Nursing Nome 5 - Residence 6 - Other (Specify) 26a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28c. INJURY AT WORK? 28d, DESCRIBE NOW INJURY OCCURED 28b. TIME OF Natural Accident 5 Pending Investigation M 1 YES 2 NO В 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Nomicide determined 29s. CERTIFIER
1 Check only
1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296 SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Ybar) BE

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Pages 1, 2, 3 should

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR		CERTIFIC	CATE OF	DEATH	F	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last					2. DATE OF	DEATH DAY	YEAR	3. TIME OF DEATH
FRANCES	W. ST	ENERSEN			June	28, 1991	TEAR	7:45 A.
SOCIAL SECURITY NUMBER			IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF	BIRTH	8. BIRTI	HPLACE (State or Foreign
155-22-0711	1 M 2 F	79. YRS.	ONTHS DAYS	HOURS MIN.	(Month, D		Count	**
					Aug.			rginia
a. FACILITY NAME (If not institution, give	street and number)	1		R LOCATION OF D		9c. COL	INTY OF I	DEATH
College Manor			Lut	herville	9		Balt	imore
ESIDENCE OF DECEDENT								
a. STATE 10b. COUN	TY	10c. CITY,	TOWN OR LOCAT	ION				10d, INSIDE CITY LIMITS?
Maryland	Baltimore		Lutherv	ille				1 TES 2 NO
e. STREET AND NUMBER				. ZIP CODE		10g. CI	TIZEN OF	WHAT COUNTRY?
300 W. Seminary	AVENUE 12. WAS DECEDENT E	VED ALLI & ADMED	Las uno pes	21093	NIC ORIONS #	Decelle Veneral No.	IIS	E - American Indian.
Never Married 2 Married	FORCES? 1	YES 2 NO		ecity Cuban, Maxic		Specify Yea or No-	Blec	ck, White, etc.
☐ Widowed 4 ☑ Divorced	IF YES, GIVE WAR	OR DATES	1 TYES	2 NO Specif	My:		Spec	White
4	La Partie		1					wnite
15. DECEDENT'S ED (Specify only highest gra-	UCATION de completed)	16a. DECEDENT'S U	SUAL OCCUPATION Representation of the supplementary of the supplementar	ON ist of working	16b. KI	ND OF BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use	rk done during mo retired.)					
12		Но	memaker					
, FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Mide	de, Maiden Surname)		
The second secon								
Roger W. William	nson				Morgan			
a. INFORMANT'S NAME (Type/Print)		19b. MAILING A	DDRESS (Street a	and Number or Rural	Route Number,	City or Town, State, Z	ip Code)	
ir. James S. Ster	nersen . Tr.	BO1 W	Greenwa	y Drive	Green	sboro N	I.C	27403
Da. METHOD OF DISPOSITION Burlal 2 Cremation 3 Re		20b. PLACE ANO DATE	OF DISPOSITION		OATE	20c. LOCATION -		
☐ Burial 2 ⁴ Cremation 3 ☐ Ra ☐ Donation 5 ☐ Other (Specify)	moval from State	of cemetary, crematory o		30n 6	/29/91	Dovingon	34-	b.ac.lowd
SIGNATURE OF FUNERAL SERVICE	veneral 4	Hilltop Ser		ND ADDRESS OF F		Towson	Ma	ryland
and the or running segrice	11/1	//	22. NAME A	NO ADDRESS OF F	ACILITY			
· //Pinkow	1/5101		Ruck T	OWSOR FI	meral	Home In	c 10	50 York Rd
3. PART I. Enter the diseases, o shock, or heart falled	Complications that	eused the death. Do no	t enter the mo	de of dying, su	ch as cardis	c or reapiratory a	rrest,	Approximate interval Between
MMEDIATE CAUSE (Final	. List only bile outst	on coon mic.						Onset and Dec
disease or condition	Acute Ca	rdiopulmona	rv Insu	fficienc	ZV			
resulting in deeth)	DUE TO (O	R AS A CONSEQUENCE OF)			1			
	3.00TID	ours — manusca us						
Sequentielly list conditions,	ASCVD_	R AS A CONSEQUENCE OF)						-
f any, leading to immediate		H AS A CONSCOUENCE OF)						
cause. Enter UNDERLYING CAUSE (Disease or Injury	a Age							
that initiated events	DUE TO (O	R AS A CONSEQUENCE OF)						1
reaulting in deeth) LAST	d.							
PART II. Other algolficant conditi	ons contributing to d	eeth but not reaulting in	the underlyin	g cause given ir	n Part i. 2	4a. WAS AN AUTOPS' PERFORMED?	1 24	Ib. WERE AUTOPSY FINDIN AVAILABLE PRIOR TO
Multi infar	ct Dementia				_ ,	YES 2 NO		COMPLETION DF CAUSE
					_ '	163 24 10		OF DEATH?
- Dysphagia								1 TYES 2 NO
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	11000000			LACE OF DEATH (C				
1 YES 2 NO	HOSPITAL:	ER/Outpatient 3 DOA	QTHER:	ne 8 🗆 Residence	a 🗆 Other (S	Specify)		
7. MANNER OF OEATH	28s. DATE OF IP	JURY 28b. TIME	OF 28c. IN.	JURY AT		RIBE HOW INJURY O	CCURED	
1 🖾 Natural 5 🗌 Pending	(Month, Day,	Year) INJU	RY W	ORK? YES 2 NO				
2 Accident Investigatio								
3 Suicide 8 Could not b	28a. PLACE OF building, et	INJURY — At home, farm, at c. (Specify)	reet, factory, offic	ca .		ION (Street and Numb Town, State)	er or Rura	I Route Number,
4 Homicide determined								
a. CERTIFIER WING CERTIFYING DA	VEICIAN: To the heat of m	y knowledge, death occurred	d at the three date	and alone and de	in to the sauce	(a) and manage as a	nite of	
conden only	Comment of the Commen	11 22 2						
MEDICAL EXAM	NER: On transposition of the	and/or investigation	, in my opinion,	death occured at th	ie time, data ar	nd place, and dua to	the cause	(a) and manner as stated
96 SIGNATURE AND TITLE OF CERTIF	TER / /	1		29c, LICENSE NO			ATE SIGNE	ED (Month, Day, Year)
Mona	Mel	anno	MAN	D-14318	202:	525	6/20	/01
IO, NAME AND AODRESS OF PRISON	WO COMPILETO OUT	OF OFFITH STEEL OF ST	TIVI D	B 44316			6/29	/ 31
		OF OEATH (ITEM 27) (Type,						
George T. Gilmo	re, M.D.,	1717 York Ro	I., Lut	herville	, Md.	21093		
. DATE FILED (Month, Day, Year)	32. REGISTRAR	S MIGNATURE ASMON	360					
1111 8	1991 guka	Manual Andrews						

(a)	IL Rues 1, 2, 3 should	
CENTAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending myspen.	The function of the first per an expension of the attending physician and completely filled in by the function page 5 should be detached for use as the function of the first per 1.	MIT. If them 28 is marked, or item 23 shows any injury, or other traumetic event, the medical examiner must be notified at once.

HUSPIAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 m DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

	REGISTRAR		CERTIF	ICATE O	F DEATH		REG. NO.		
	1. DECEDENT'S NAME (First, Middle, La.	st)				2. DATE OF	DEATH DA		3. TIME OF DEATH
		E ST. JOHN SI	HERIDAN			7	5		YEAR 10:35 PM
	4. SOCIAL SECURITY NUMBER 218-54-1342	1 M 2 X F	(In yrs. lest birthday) 77 YRS.	IF UNDER 1 YEA MONTHS DAY	8 HOURS MIN.	7. DATE OF (Month, D 9-20-	виятн -1913	8	BIRTNPLACE (State or Foreign Country) Ireland
TOR	99. FACILITY NAME (If not institution, gives St. Joseph Hosp Residence of Decedent	ital		96. CITY, TOW TOW SO	N OR LOCATION OF C	PEATN			y of Death imore
DIRECTOR	10a. STATE 10b. COU			y, town or Lo					10d. INSIDE CITY LIMITS?
	10e. STREET AND NUMBER				10f. ZIP CODE			10g. CITIZE	1 VES 2 NO
FUNERAL	11300 Falls Rd.	12. WAS DECEDENT EVER	IN II S ADMED	12 WAS (21022 DECENDENT OF NISPA	AND ORIGINA		U.S	
ВУ	1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 YES	2 - NO	If yes,	specify Cuban, Maxic (ES 2 1 NO Speci	an, Puarto Rica	specity Yaa in, etc.)		4. RACE — American Indian, Black, White, atc. Specify: White
COMPLETED	15. DECEDENT'S E (Specify only highest gri Elementary/Secondary (0-12) 12 yrs	DUCATION ade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of interpretation) Recepti	work done during se retired.)	ATION most of working		ND OF BUS	iness/indus	БТЯУ
OMI	17. FATHER'S NAME (First, Middle, Last)		necepti	Onise	18. MOTNER'S N				
BE C	John Joseph	Sherida			Catherin	ne	Mary		Dolan
5	Sr. Theresa M. R	iley		s #10a-	et and Number or Rural -#10f	Route Number,	City or Town	, State, Zip Co	ode)
	20a. METHOD OF DISPOSITION **Mill Buriel 2 Cremation 3 Red 4 Donetion 5 Other (Specify)	amoval from State	b. PLACE AND DATE melery, cremetory or o	of disposition ther place!	(Name of ce Dame	7-8			y or Town, State
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE		22. NAME Rucl	AND ADORESS OF FA	Funeral	L Hom	e, In	c.
	23. PART i. Enter the diseases, o	r complications that cause	ed the death. Do r	not anter tha	York Rd	ch as cardiac	or resol	ratory arres	t, Approximata
	immediate cause (Final disease or condition resulting in death)	e. List only one cause on	each iina.						interval Between Onset and Death
rion	Sequentially list conditions, if any, leading to immediate	b. Due to (or as b. Urinar Due to (or as	A CONSEQUENCE OF	F): / c	fection				
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF						
	PART II Other significant conditi	0.							
EDICAL	Chronic a bilateral	trial Eibri	llation		ing cause given in		PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Σ	Dilateral	pleural 1	effusio.	n.>		_			1 TYES 2 NO
IAN	25. WAS CASE REFERRED TO MEDICAL			26.	PLACE OF DEATH (C/	neck only one)			
Sic	1 YES 2 YNO	HOSPITAL:	patient 3 DOA	OTHER:	ome 5 🗆 Residence		nec/fv1		
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28a. OATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. I	NJURY AT WORK?	_		JURY OCCUP	RED
B√	2 Accident Investigation 3 Suicida 6 Could not b	28a. PLACE OF INJUR	Y — At home, farm, s		YES 2 NO	28f. LOCATIO	ON (Street a	nd Number or	Rural Route Number,
ETE	4 Nomicide determined	building, atc. (Spe	ecify)			City or To	own, State)		
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHY one) 2 MEDICAL EXAMI	/SICIAN: To the best of my know NER: On the basis of examination	wiedge, daath occurre on and/or investigatio	n, in my opinion	ate and place, and due	to the cause(e) and man	ner as stated.	ause(a) end manner as stated.
BE	296. SIGNATURE AND TITLE OF CENTIF	IER ()	no An	20	29c. LICENSE NU	MBER			IGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON Y				1 1 301	10		1-	/-7/
-	Lawrence Snyder 31. DATE FILED (Month, Day, Year)			pital					
	SI. DATE PILED (MORRI, Day, Rear)	32. REGISTRAR'S SIGI		-3					

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HOSPIAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2ª nours after death. Page 6 may be retained by the hospital or at PLANEINE DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for us within a flow death with the State Dept. of Health and Marial Hygiene physician certains, certained records as found as any failury or other transmission or removal.

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	DÁI	/ FRANK	CERTIF					MONTH		AY	YEAR	3. TIME O	
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.				T	R 24 HRS.	7. DATE 0	F BIRTH		991 8. BIRTI	IPLACE (Stel	2 P
	229-26-2434	1 💹 X4 2 🗆 F	6	3 YRS.	MONTHS	DAYS	HOURS	MIN.	12-	5-192	7	VI	RGINI	A
	98. FACILITY NAME (If not institution, give s FRANCIS SCOTT KEY		CENTER	R				RE C			9c. COU	NTY OF E	EATH	
2	RESIDENCE OF DECEDENT		CENTE	_										
DIRECTOR	MARYLAND 106. COUNT	Y		10c. CIT	ry, town o			СІТУ					10d. INSID	00
- 1	10e. STREET AND NUMBER					-	f. ZIP CO				10g. CITI	IZEN OF	WHAT COUN	
LONGLAL	921 ELTON AVENUE				_			212					.S.A.	160
5	11. MARITAL STATUS 1 Never Married 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	IT EVER IN U.S. I X YES 2 [MAR OR DATES	NO NO	13.	WAS DEC	CENDENT Decity Cub 3 2 NO	of HISPAI an, Mexica Specifi	NIC ORIGIN' in, Puerto R y:	(Specify Yes lcan, atc.)	s or No—	14, RAC Blac Spec	E — America k, White, ato offy:	HITE
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)		DECEDENT'S (Give kind of life. Do NOT u	work done	during m	ON ost of work	ing	16b.	KIND OF BU	SINESS/INC	DUSTRY		
	Elementary/Secondary (0-12) 7 YEARS	College (1-4 or 5	+)		ANE (ATOR		BE	THLEH	EM ST	TEEL	CORP	ORATI
	17. FATHER'S NAME (First, Middle, Last)	157								iddle, Maiden				5
	LUCIAN SMITH 190, INFORMANT'S NAME (Type/Print)			19b. MAILING	0 400000	0.00				STIDH		- Carti		
2	S. LORRAINE SMITH			921 E						RE. M			21	224
	20a, METHOD OF DISPOSITION 1 Aurial 2 Cremation 3 Rem	noval from State		CE ANO DAT						20c. LO				110
	4 Donation 5 Other (Specify)		GARR	TSON	FURE:	ST'C	EM.	7-5-	1991	0	WINGS	S MI	LLS,	$M\mathcal{U}$
- 1	21 SIGNATURE OF FUNERAL SERVICE LI	CENSEE				NAME A	ND ADDR	FOR OF EA	CILITY					
	23. PART I. Enter the diseases, or ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	complications the	at caused the use on each i	daeth. Do	79 not antar	922 r the m	WISE	AVE	NUE h aa card	4	LK Mi	D reat,	212	22 roximate rval Betwe
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BALTIMORE, MARYLAND	s after death. Page 6 may be retained by	by the funeral director, page 5 should be emoval.	dical examiner must be notified at
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	or in HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, La	st)		RTIFIC	MINI		2. DATE	OF DEATH	AY	YEAR	3. TIME OF DEATH
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IERAL	401 HHITFI		21228	10g. CITIZE	SA
BY FUNE	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 ☐ YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISPANIC OF If yes, specify Caben, Mexicen, Put 1 YES 2 NO Specify:		I. RACE — American Indian, Black, White, etc. Specify: WMITE
PLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	de completed) (Give kind d	S USUAL OCCUPATION If work done during most of working use retired.) SEWIFE	16b. KIND OF BUSINESS/INDUS	STRY
E COM	17. FATHER'S NAME (First, Middle, Last)	LAMARTIN,	4 AVELI	irst, Middle, Meiden Sumame)	Bo
TO B	196. INFORMANT'S NAME (Type/Print) APELINA	WALKERHO	AG ADDRESS (Street and Number or Rural Route	LD RD	190
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	· Edward L Weder 5311 EDMONDSON AVE				
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ED BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions are sequenced by the conditions of the conditions of the cause of the c	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE DOBUGE TO (OR AS A CONSEQUENCE DOBUGE TO (OR AS A CONSEQUENCE DOBUGE TO (OR AS A CONSEQUENCE DOBUGE TO (OR AS A CONSEQUENCE DOBUGE TO (OR AS A CONSEQUENCE DUE TO (OR AS A CONSEQUENCE D	OF): VEUNONIA -> file OF): OF): OF): OF): 26. PLACE OF DEATH (Check of Death (Check of De	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Other (Specify) I. DESCRIBE HOW INJURY OCCL LOCATION (Street and Number of City or Town, State)	24b. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
D BY PHYSICIAN: MEDICAL	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant condition of the condition of the condition of the condition of the condition of the condition of the cause	DUE TO (OR AS A CONSEQUENCE DUE TO (OR AS A	OF): OF): OF): OF): OF): OF): OF): 28. PLACE OF DEATH (Check of the content of the conten	I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO Other (Specify) LOCATION (Street and Number of City or Town, State) The cause(a) and manner as stated, data and place, and due to the	24b. WERE AUTOPSY FIND MALLABLE PRIOR TO COMPLETION OF CAUTO OF DEATH? 1 YES 2 NO JRED F Rural Route Number, 4. cause(a) and menner as state

3. TIME OF DEATN

B. BIRTHPLACE (State or Foreign Balto., Md.

10:30 P.

Approximata Interval Between Onset and Death

2. DATE OF DEATH DAY 7-2-91

7. DATE OF BIRTN (Month, Day, Year) 10-17-1895

YLAND 21203-3146

FOR STATE REGISTRAR

1. DECEDENT'S NAME (First, Middle, Last)

Edna

4. SOCIAL SECURITY NUMBER

213-30-3745

1 -

æ ,	9a. FACILITY NAME (If not institution, give street and number) eridian Heritage Nursing Home					96. CITY, TOWN OR LOCATION OF DEATN Baltimore Baltimore				
6,	RESIDENCE OF DECEDENT					Limore		ват	timore	2
DIRECTOR	10a. STATE	10b. COUNT	Υ	10c.	CITY, TOWN OR L	OCATION			10d	I. INSIDE CITY LIMITS?
5	MD.	Ba:	ltimore					1 [YES XX NO	
A	10e. STREET AND NUMBER					101. ZIP COOE		10g. CITIZ	EN OF WHAT	COUNTRY?
	7232 Ger	man H	ill Road			21220		1	U.S.A.	
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced			S 2 NO	If ye	DECENDENT OF NISPA s, specify Cuban, Mexic YES 2 X NO Speci	en, Puarto Rican,	(Specify Yea or No- 14. RACE — American India		
	15. OECEOENT'S EDUCA' (Specify only highest grade co		JCATION COMPRISED	16a. DECEDEN	T'S USUAL OCCUI	PATION	16b. KINO	OF BUSINESS/INDI		
COMPLEI	Elementary/Secondary	1	College (1-4 or 5+)	Compar	T use retired.)	y most or working	Self	Employed	đ	
	17. FATHER'S NAME (First, I Charles Wil			35.11	16. MOTNER'S NA Isabelle	AME (First, Middle, e Sunst				
BE	19a. INFORMANT'S NAME	Type/Print)		19b. MAIL	ING ADDRESS (St	reet and Number or Rural	Route Number, City	y or Town, State, Zip	Code)	
2	Claude L. S	Sprigg		Port	tland. C	regon 97	220 - 1	707 N F	119+1	St
	20a. METHOD OF DISPOSITIVE Buriel 2 Cremetil 4 Donation 5 Other	on 3 🗆 Ren	noval from State	other place)	POSITION (Name of	of cometery, crematory or		20c. LOCATION — C	ity or Town,	Stata
	21. SIGNATURE OF FUNER	LLLE	h, huy	har		C. Mille		6415 Bl Balto.		
ERTIFICATION	Sequentially list condition resulting in death) Sequentially list conditions, leading to immease. Enter UNDERLY CAUSE (Disease or injust initiated events resulting in death) LA:	b. DUE TO (OR AL	S A CONSEQUENCE S & STIV S A CONSEQUENCE STIVES S A CONSEQUENCE	ARREST ICE OFI: VE HEART FAILURE. ICE OFI: CLEROTIC CARDIOVASCULAR ICE OFI: DISTANTE.						
MEDICAL CE	PART II. Other eignificant conditions contributing to death but not result of SWALLOWING DISTRE			STRATION	ng in the under	riying cause given ir		WAS AN AUTOPSY PERFORMED? YES 2 NO	AMA CO OF	RE AUTOPSY FINDIN ILLABLE PRIOR TO MPLETION OF CAUSI DEATH? YES 2 NO
SICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:		OTHER:	26. PLACE OF DEATN (C	heck only one)			
2	1 TYES 2 NO		1 Inpatient 2 ER/O			Home 5 Residence				
BY PH		Pending investigation	(Month, Day, Yes.		INJURY	WORK?	28d. DESCRIBE	E HOW INJURY OCC	URED	
ETED	3 Sulcide 6 4 Nomicide	3 Suicide 6 Could not be 25e. PLACE OF INJURY — At hom building, stc. (Specify)				office	251. LOCATION City or Tow	(Street and Number or Rural Route Number, n, State)		
COMPLE			SICIAN: To the best of my kn							d manner as stated
BE	29b. SIGNATURE AND TITL	E OF CERTIFIE	en myline.	h.D.		29c. LICENSE NU		29d, DATE	SIGNED (Mo	onth, Day, Year) — 199
2	30. NAME AND ADDRESS (OF PERSON W	HO COMPLETED CAUSE OF	DEATH (ITEM 27)	Type, Print)	vRCHSZ	BALT	mo	21:	125

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

IF UNDER 1 YEAR

DAYS

IF UNDER 24 HRS.

Sprigg

5. AGE (In yrs. last birthday)

95

5. SEX

1 M 2 F

,	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFI	CATE OF	DEATH	I a DATE	REG. NO.	3. TIME OF DEATN
-1	Franklin	SANDERS	Sr.			MONTH		4 · 42 A M
	4. SOCIAL SECURITY NUMBER 5	S. SEX 6. AGE (In	yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month) Jan	F BIRTN B.	BIRTINPLACE (State or Foreign Country) Alabama
	Franklin Squar	e Hospital			OR LOCATION OF D	EATN	9c. COUNTY	of DEATH imore County
	10a. STATE 10b. COUNTY	Baltimore	10c. CITY	, TOWN OR LOCA	Midd		iver	10d. INSIDE CITY LIMITS? 1 YES 2 NO
	10a. STREET AND NUMBER 28 Left Ailer	on	1 6	10	212	20	10g. CITIZE	u of what country?
5	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, s	CENDENT OF HISPA pecity Cuban, Mexico S 2 XNO Specia	an, Puarto R	? (Specify Yea or No— 14 ican, atc.)	RACE — American Indian, Black, White, atc. Specify: White
20111	15. DECEDENT'S EDUCAT (Specify only highest grade co	TION 1 Impleted) College (1-4 or 5+)	We. Do NOT us	ork done during m	ost of working		KIND OF BUSINESS/INDUS	BoardofED.
	17. FATHER'S NAME (First, Middle, Lest) Lester T. Sar	nders			Mi	nnie	Baker	
	19a. INFORMANT'S NAME (Typo/Print) Henrietta Sand	ders	19b. MAILING				er, City or Yown, State, Zip Co BAltimore	Md. 21220
	26a. METHOD OF DISPOSITION 1 Buriel 2 Cremetion 3 Ramovi 4 Donation 6 Other (Specify)		PLACE AND DATE			/9/9		
	21. SIGNATURE OF FUNERAL SERVICE LICEN	neral H	lone		ellyFun		Home 300MA	ceAve.21221
8	23. PART I. Enter the disease, or conshock, or heeri failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	st Dnly Dne ceuse Dn eed	en IIne. Nechanic	al Di	ode of dying, suc		lac or reapiratory arrea	t, Approximete Interval Between Onset and Death
5	Sequentially list conditions, b.		assive	Pulmona	ry Embol	ism		
	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A						
FILISIOIAN: MEDICAE OF	PART II. Other eignificant conditions Patient Post Preumonector	Operative S			ng cause given in	n Part I.	24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26.	PLACE OF DEATH (C	Check only on	e)	
5	1 VES 2 NO 27. MANNER OF DEATN 1 Netural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIM	E OF 28c. If	JURY AT /ORK?		r (Specify) CCRIBE NOW INJURY OCCU	RED
		00- DI 105 05 NI HIM	- At home, farm, s				ATION (Street and Number of or Town, State)	Rural Route Number,
COMPLETICE BILLINGS	2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	building, etc. (Specif		, , , , , , , , , , , , , , , , , , , ,		City	or rown, orang	

30. NAME AND ADDRESS OF PERSON WNO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print)

Marie Teresa Dávid M/D 9000 Franklin Square Drive 31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

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6,	within
1314	proceed
OF VITAL RECORDS, P.O. BOX 13146,	The Duve Color of a property of the death cartificate he executed within
Д.	death
SOS	of the
RECOF	rominac th
ALF	The law
JF VII	WEIGHAN.
NON	servetim Di

retained by the hospital or attending physician.	5 should be detached for use as the burial-transit permit. Pages 1, 2, 3		notified at once.
ON TITLE OF PHYSICIAN. The law requires that the death certificate be executed within a wours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OFFICE PHYSICIAN: The law requires t	DIRECTOR: After this certificate has been signer	nours after death with the State Dept. of Health	tem 28 is marked, or item 23 shows a

FUNERAL

BY

COMPLETED

BE

2

COMPL

5

ID O'

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DONOVANAD 2112 DUNDALK

32 PREGISTRAN'S SIGNATURE

TO THE HOSPITA TO THE FUNERA be filed within 72 IMPORTANT: It

1 - FOR STATE REGISTRAR 18309 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH** REG. NO. 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH 300 Matthew Edward Szymanski 4. SOCIAL SECURITY NUMBER 8. BIRTHPLACE (State or Foreign 5. SEX 8. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 218-96-1254 24 YRS. MONTHS DAYS HOURS MIN. 1 XM 2 | F July6,1966 Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Woods-179 Riverside Road Baltimore Essex 10e. STATE 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? Essex Md. Baltimore 1 YES 2 XNO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21221 USA 325 Poplar Road 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, atc. 15 Never Merried 2 Merried Specify White 1 YES 2 NO Specify: 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Sp at of working Elementery/Secondary (0-12) College (1-4 or 5+) 12th Waterman 18. MOTHER'S NAME (First, Middle, Meiden Surname) 17. FATNER'S NAME (First, Middle, Last) Huber Linda Frank E. Szymanski 19b. MAILING ADDRESS (Street and Number of Rural Route Number City or Town, State, Zip Gode) 325 Poplar Road Baltimore Md. 19a. INFORMANT'S NAME (Type/Print) 21221 Frank Szymanski 20a METHOD OF DISPOSITION
1 □ Buriel 2 □ Cremation 3 □ Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, cremetory or 20c. LOCATION - City or Town, State Baltimore Md. Parkwood Cemetery 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY ConnellyFuneralHome300MAceAve.21221 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart to dure. List only one cause on each line. Interval Between Suffication + IMMEDIATE CAUSE (Final Onset and Death disease or condition resulting in death) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate Cause, Entar UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events reaulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24e. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: OTHER: OTHER:
4 □ Nursing Home 8 □ Residence 8 Other (Specify) 10005 1 Inpetient 2 ER/Outpetient 3 ODA 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURE 27. MANNER OF DEATH 28c. INJURY AT 5 Pending Investiga 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — building, etc. (Specify) 281. LOCATION (Strifet and Nur City of Town, State) 3 Suicide ETED 6 Could not be NOUDS belied md 212 Rd 4 Homicide determined side 29e. CERTIFIER
(Check only one)

The DICAL EXAMINED: On the best of my knowledge, one) death occurred at the time, date end piece, end due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the bests of exemination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and menner as stated. 29b. SIONATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Dev. Year) BE J.C. ODonavan M.D D07632 3

AVE.

BALTO

MD

2-1222

TO THE HOSPITAL OR ATTENDED TO THE FUNERAL DIRECTOR
De filed within 72 posts one

DIVISION

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	TO BE COM
the medical	
traumatic event,	ATION
injury, or other	AL CERTIFIC
23 shows any	AN: MEDICA
ked, or ilem	PHYSICIA
If Item 28 is mar	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
IMPORTANT:	TO BE COM

31. DATE FILED (Month, Day, Year)
10 8 1991

12. REGISTRAR'S SIGNATURE

1 - STATE REGISTRAR		C	ERTIF	ICATI	E OF	DEATH		REG. NO			
1. DECEOENT'S NAME (First, Middle, Last)									AY	YEAR	3. TIME OF DEATH
JOSEPH SCOVRO	NEK 5. SEX	6, AGE (In yrs. las	at highers a	IF UNDE	1 VEAD	IF UNDER 24 H	-	uly 3		1991	IPLACE (State or Foreign
146 14 2896	1 M 2 □ F	71		MONTHS	DAYS	HOURS M	N. M	(Month, Day, Year) larch 3,	1920	Counti	W Jersey
9a. FACILITY NAME (If not institution, give s						OR LOCATION O				NTY OF D	
Bethesda Retir	ement &	Nursing	Cent	er	Chev	y Chas	e		Mo	ntgo	mery
					TOWN OR LOCATION						10d. INSIDE CITY LIMITS?
D. C. non-				Washington							YES 2 NO
De. STREET AND NUMBER					10	. ZIP CODE		10g. CITIZEN OF			VNAT COUNTRY?
5930 14th Stre						2001					States
11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	FORCES?	TEVER IN U.S. AF X YES 2 1 MAR OR DATES WW TT	RMED NO		If yes, sp	ecify Cuban, M	SPANIC C axican, Pu pecify:	PRIGIN? (Specify Yeu uerto Rican, etc.)	a or No—	Blac	E — American Indian, k, Whita, etc.
15. DECEDENT'S EDU (Specify only highest grade		16a. DE	ECEDENT'S	USUAL O	CCUPATI	ON ost of working		16b. KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5	+)	. Do NOT u	se retired.)							
	4 years	Ch	nemic	al E	ngin			Libby		S	
17. FATNER'S NAME (First, Middle, Leel) Nathan Scovron	ok							First, Middle, Maiden Sheba	Sumame)		
19a. INFORMANT'S NAME (Type/Print)	e k	19	b. MAILING	ADDRES	S (Street			Number, City or Tow	n State 7k	n Codel	
Dr. Louis Scov	ern							ton, New			07012
20g, METHOD OF DISPOSITION 1 💢 Burial 2 🗆 Cremation 3 🗆 Rem 4 🗀 Donation 5 🗀 Other (Specify)	oval from State	20b, PLACE	OF DISPO	SITION (N	ame of ce	metery, cremator		20c. LC	CATION —	City or To	own, Stata ersey
23. PART I. Enter the diseases, or ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ca	use on each line	n.	not ente	r the mo	oda of dying,	such as		iretory ar	rest,	Approximate Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO	OR AS A CONSE	OUENCE O	PF):							
PART II. Other aignificant condition	na contributing to	death but not	resulting	In the u	nderlyir	g cause give	n in Par	t i. 24e. WAS AF PERFO	RMED?	241	AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL	T					1 405 05 05 15	1.000				
EXAMINER?	HOSPITAL:	☐ ER/Outpatient :	2 🗆 804	OTHE	R:	LACE OF DEAT					
27. MANNER OF DEATH	28e. DATE O	F INJURY	28b. T/R	NE OF		JURY AT	_	d. DESCRIBE NOW	INJURY OC	CURED	
1 Natural 5 Pending	(Month, I	Day, Year)	IN	JURY		YES 2 N	0				
2 Accident Investigation 3 Suicide 8 Could not be 4 Nomicide determined	26e. PLACE (building	OF INJURY At hi , etc. (Specify)	ome, farm,	street, fac	tory, offi	00	28	t, LOCATION (Street City or Town, State	and Numbe	r or Rurel	Route Number,
29a. CERTIFIER (Check only one)											a) and manner ea stated.
29b. SIGNATURE AND TITLE OF CERTIFIE	1. 41		miveacryate	on, an my	ориноп,						
14 1/1	11					29c. LICENS	NUMBER	N .	296. DA	7/	(Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WE	IO COMPLETEO CAL	JSE OF DEATH (ITE	EM 27) (Type	e, Print)		43	772		•	7/	03/91

12.3

TO THE HOSE THE MACHINE PHYSICIAN. The law requires that the death certificate be executed within 24-flours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 bears after the page 1, 2, 3 should be filled within 72 bears after the page 1, 2, 3 should be filled within 12 in marriad, or team 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

7225 BR

0 8

1991

32. REGISTRAN'S SIGNATURE

	FOR STATE REGISTRAR		STATE OF I	MARYL	AND /	DEPAR RTIF	TMENT	OF H	EALTH	AND I	MENT	AL HYGIEN	E '	7 [1831	1
	1. OECEOENT'S NAME (First, I	Middle, Last)										TE OF DEATH			3. TIME OF DEATH	
	DONALD 3	5.51	PES								07	06		91		M
	4. SOCIAL SECURITY NUMBER	R	5. SEX	6. AGE (in yrs. laal	birthday)	IF UNDER		IF UNDER		7. DAT	TE OF BIRTH onth, Day, Year)		6. BIRTH	IPLACE (State or Foreign	n
	216-05-4168		1 💢 M 2 🗌 F	3	32	YRS.	MONTHS	DAYS	HOURS	MIN.	04	15 0	9		ryland	
	9a. FACILITY NAME (If not inst	titulion, give s	treet and number)				9b. CITY	, TOWN	R LOCATI	ON OF DE	ATH		9c. COU	NTY OF D	EATH	
8	V.A. Regiona	al Med	lical Cen	ter			В	alti	more	<u>.</u>			Ва	ltin	ore	
5	RESIDENCE OF DECI	EDENT			1	40 - 007	r, TOWN (201001							404 BIOIDE OUTV	_
DIRECTOR															10d. INSIDE CITY LIMITS?	
1	Maryland 100. STREET AND NUMBER	Ватт	ltimore				alti			_				7511 051	1 YES 2 NO	
HA	_							101	. ZIP COD				7.5		WHAT COUNTRY?	
FUNERAL	911 Desoto F	Road	I to was propper	7 5050 4	1110 100		1.00		212			01110 10 - 10 M		USA		
교	1 Never Married 2 A	Married	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V	YES YES	2 N	0		If yes, sp	ecify Cuba	ın, Maxica	n, Puerl	GIN? (Specify Yas to Rican, etc.)	or No-	Blac	E — American Indian, k, White, etc.	
B	3 Widowed 4 Divorce	ced	1941	-1	945			1 YES	2 X NO	Specify	y:			Spec	white	
9		DENT'S EDU	CATION	Ī	16a. DEC	EDENT'S					1	16b. KIND OF BUS	SINESS/IND	USTRY		
	(Specify only Elementary/Secondary (0-		College (1-4 or 5	+)	life.	b kind of y Do NOT us	vork done e retired.)	during mo	at of working	ng						
릴	10		_		F	iref	ight	er				City	Govt			
COMPLET	17. FATHER'S NAME (First, Mid	ddle, Last)							16. MOT	HER'S NA	ME (Firs	I, Middle, Maiden	Surname)			
BE	John T. Sipe	es							Flo	renc	e M	<i>icCauley</i>	7			
0 8	19a. INFORMANT'S NAME (Ty)				19b.	MAILING	ADDRES	S (Street a	nd Numbe	r or Rural I	Route No	umber, City or Tow	n, State, Zip	Code)		
F	Patricia Shi	flett	•		9	14 W	ilmi	ngto	n Av	enue	, B	Baltimor	e, M	aryl	and 21223	,
	20a, METHOD OF DISPOSITION 1 X Burlel 2 □ Cremetion	ON 3.□ Berri	oval from State	20b	PLACE C	F DISPOS	SITION (N	ame of ce	netery, crer	natory or		20c. LO	CATION —	City or To	own, State	
	4 Donation 5 Dother (_ Cr	est]	awn			1 Gd			Mar	roits	svil	le, Md.	
	21. SIGNATURE OF FUNERAL	SERVICE LI	CENSEE		\		22. 7\ r	NAME A	ND ADDRE	SS OF FA	CILITY	Home, I	na			
	James	56	interne)		13	328	Sulpi	aur s	aı ı Spr:	ing Roa	d. Ar	but	us, md. 21	122
	23. PART I. Enter the dis					ith. Do i	_								Approximata	
	shock, or ha IMMEDIATE CAUSE (Fina		List only one ca	use on a	ach ilna.										Interval Betw Onset and D	
	diseasa or condition resulting in death)	- >	SEP.	212											17, IN188	10
	resulting in death)	,	DUE TO	(OR AS A	CONSEQ	UENCE O	F):									
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일	Sequentially list condition if any, leading to immed	llata		(OR AS A	CONSEO	UENCE O	F):								4	
2	cause, Entar UNDERLYIN CAUSE (Disease or injur		· SEVE		ANE	-MI	4								onknow	N
ERTIFICATION	that initiated events resulting in death) LAST		DUE TO	(OR AS A	CONSEO	UENCE O	F):								i	
1 11 1	tooding in death) and		d													
LC	PART il. Other significar	nt cendition	ns contributing to	death b	ut not re	auiting	in tha u	ndariyin	g cause	givan In	Part i.			24	. WERE AUTOPSY FINDS	
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MEDIC													9.0		DF OEATH?	
-												1				
PHYSICIAN:	25. WAS CASE REFERRED TO	MEDICAL	1				-	28. P	LACE OF E	DEATH (Ch	eck only	/ one)				
Sic	EXAMINER?		HOSPITAL:	☐ ER/Outp	patient 3	□ DOA	OTHE 4 I Nu		ne 5 🗆 R	galdence	6 🗆 0	ther (Specify)				
ž	27. MANNER OF DEATH	•	28s. DATE O	F INJURY Day, Your)		28b. TIN	E OF	28c. IN.	JURY AT		28d. I	DEŞCRIBE HOW I	NJURY OC	CURED		
BY I		Pending nvestigation	,,,,,,,,,,	-,,,			М		YES 2 [_ NO						
ED	3 Suicide 6 0	Could not be	28e. PLACE (OF INJURY	— At hor	ne, term,	street, fac	tory, offic	00		261. L	OCATION (Street	and Numbe	r or Rural	Route Number,	
E	4 Homicide d	letermined														
2	29a. CERTIFIER (Check only	FYING PHYS	ICIAN: To the best of	t my know	riedge, der	ith occurr	ed at the	time, deta	and place	s, and due	to the	cause(a) and me	nner as sta	ted.		
COMPLET	anal .	CAL EXAMIN	ER: On the basis of	xaminatio	n and/or l	nvestigatio	on, In my	opinion,	death occu	red at the	time, d	late and place, ar	nd due to ti	he cause	(a) and menner as state	d.
	296. BIGNATURE AND TITLE	OF CERTIFIE	P						29c. LIC	ENSE NUI	MBER		29d. DAT	E SIGNE	D (Month, Day, Year)	
) BE	ThuI.	-01n	Show N	D					MRI	1509			Þ 7	1/6/	191	
2	36. NAME AND ADDRESS OF	PERSON WI	10 COMPLETED CAL	ISE OF DE	ATH (ITER	1 27) (Type	, Print)		1. [400.0					1. 17.1		
	7225 BR	00 KFF	TUS TERR	131	ALTI	MOR	EU	MD	7	700	1					

DHMH-16 Rev 1/89

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR											
1. DECEDENT'S NAME (First, Middle, Lest) DONNA	MARIE			TYI	NAN		2. DATE OF MONTH 07	DAY 05	/ 19	YEAR 91	2:30 A
4. SOCIAL SECURITY NUMBER 217-74-3981	5. SEX 1 M 2 XF	8. AGE (In yrs. les 28	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I (Month, De 10-23	y, Year)	8	Country	PLACE (State or Foreign) RYLAND
Se. FACILITY NAME (If not institution, give s	treet end number)			9b. CITY,	TOWN (OR LOCATION OF D	EATH		9c. COUNT	Y OF DE	EATH
THE JOHNS HO	PKINS HOS	PITAL		BAI	LTIN	ORE CIT	Y				
10a. STATE 10b. COUNTY	Y		10c. CIT	Y, TOWN O	R LOCA	TION					10d. INSIDE CITY LIMITS?
MARYLAND BALT	IMORE		BA	LTIMO	ORE						1 YES 2 X NO
10e. STREET AND NUMBER	7 No. 10				101	. ZIP CODE		T	10g. CITIZE	N OF W	HAT COUNTRY?
1116 P	LOVER DRIV	VE				2122	27		U	SA	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	Never Merried 2 Merried FORCES? 1 YES 2			H	f yes, sp	ENDENT OF HISPA ecity Cuben, Mexic 2 X NO Speci	an, Puerto Rica		r No 1	4. RACE Black Specif	- American Indian, White, stc.
16. DECEDENT'S EDU		16a. Of	ECEDENT'S	USUAL OC	CUPATIO	ON	16b. KJI	ID OF BUSI	NESS/INOUS	STRY	
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	- 100	No kind of a Do NOT u	work done o se retired.)	during mo	ost of working	-0.51 %				
	1 Yr		FFIC	E CLE	ERK			HC	SPIT	AL	
17. FATHER'S NAME (First, Middle, Last)						18. MOTHER'S N.	AME (First, Midd	le, Meiden St	umame)		
ALFRE	D J. TYNAI	N				EILER	EN M. S	CHROE	EDER		
19e. INFORMANT'S NAME (Type/Print)	7					and Number or Rural					
EILEEN M. TYNA	N	1	116	PLOVE	ER D	RIVE, BA	ALTIMOR	E, MA	RYLA	ND :	21227
20e METHOD OF DISPOSITION 1 IZ Burlet 2	ioval from State	20b. PLACE of cemetar NEW C	AND DAT	or other pi	osition lace) CEM	I (Name ETERY	7-8		TIMOR		wn, State MARYLAND
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE			22.1	NAME A	D H. HUI	ACILITY BBARD F	UNERA	L HOI	ME.	INC.
23. PART I. Enter the diseases or ahock, or heert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	List only one ceus	e on each lin	е.	4]	107	WILKENS	AVE.,	ALTIM	ORE,	MD.	Approximate Interval Betw
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	Introduction has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as is also Dest, of Health and Mental Hypiene prior to burial, cremation, or removal.	or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
L	Pe	0

1 - FOR STATE REGISTRAR	STATE OF MARYLAND / DEPART	TMENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	1 10010
1. DECEDENTIONAME (First, Middle, I	W. Taylor		2. DATE OF DEATH MONTH DAY PLAN STATEMENT OF THE STATEMEN	4143 PM
4. SOCIAL SECURITY NUMBER 214-01-902 94. FACILITY NAME (IT not institution,	5. SEX 8. ÄGE (In yrs. last birthdey) 1. M 2 F 8 YRS. She atroot and number)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF DE	8-9-09	OF DEATH
FAGS 0.4 EVE RESIDENCE OF DECEDEN 10a. STATE 10b. CC		Baltimore	Cray Hr	
		7, TOWN OR LOCATION RESERVED TO THE CODE	SON CITIZEN	10d. INSIDE CITY LIMITS? 1 YES 2 NO OF WHAT COUNTRY?
01	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 PNO IF YES, GIVE WAR OR DATES	- 21215	NIC ORIGIN? (Specify Yea or No— 14. I	S. A. v RACE — American Indian, Black, White, stc.
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last		USUAL OCCUPATION rork done during most of working e retired.)	186. KIND OF BUSINESS/INDUST	RY
17. FATHER'S NAME (First, Middle, Las	TAXLOR	18. MOTHER'S NA	ME (First, Middle, Melden Surname)	ntis
The Man	Branch 13151	ADDRESS (Street and Number or Rural	R. Bako Md.	21216
20a, METHOD OF DISPOSITION 1 Burial 2 Cremation 3 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE	Ramoval from State Other place)	ITION (Name of comotory, crematory or S MCN DP/A	MR. Arbut	or Town, State
Randolph	20. Edick	2434EDL	ver St. Ball	Hr ta. N
immediate cause (Final disease or condition resulting in death)	s. DUE TO YOU AS A COMBROURNE OF	é diseuse	n as cardisc or respiratory strest,	Approximate interval Between Onset and Death
Sequentially list conditions, if any, laading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C. DUE TO (OR AS A CONSEQUENCE OF			
	iltions contributing to deeth but not resulting i	in the underlying cause given in	Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER?	AL HOSPITAL:	26. PLACE OF DEATH (CA	neck only one)	
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 □ Inpetient 2 □ ER/Outpetient 3 □ DOA □ 28a. DATE OF INJURY (Month, Day, Year) □ 28b. TIM	4 Nursing Home 5 Residence	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURI	ED
2 Decident	28e. PLACE OF INJURY — At home, farm, a building, atc. (Specify)	street, factory, office	281. LOCATION (Street and Number or F City or Town, State)	Rural Route Number,
contact orang	PHYSICIAN: To the best of my knowledge, death occurre AMINER: On the beste of examination and/or investigation			use(e) and manner as stated.
Mul	m mo	29c. LICENSE NU	MBER 29d. DATE SI ► 7	QNED (Month, Day, Year)
30. NAME ON ADMITS OF PERSON 1104 31. DATE FILEO (Morrin, Day, Year)	N WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1)509.	1777 Keiskro	from Pd 21	208
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VISION OF VITAL RECORDS, P.O. BOX 68760,	
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HOSPIAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	FINE IN CHECK. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3	in 72	and a marked or item 22 shows any latery or other traumatic event the medical examiner must be notified at once
윷	100	fig.	TABLE

91-3744-510 for 1 - STATE REGISTRAR	STATE OF MARYLA		TMENT OF I			GIENE 91	18314
1. DECEDENT'S NAME (First, Middle, Lest) STEVEN	L		WELLS	m	2. DATE OF DEA MONTH 07	199 I	a. TIME OF DEATH 6:00 P M
213-02-5906	1xxM 2 □ F 9	yrs. last birthdey) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRT (Month, Dey, V 06-29	-82	BIRTHPLACE (State or Foreign Country) MD
9a. FACILITY NAME (If not institution, give street JOHNS HOPKIN HOSP: RESIDENCE OF DECEMENT			BALTIM	OR LOCATION OF DI	EATH	9c. COUNTY	Y OF DEATH
JOHNS HOPKIN HOSP: RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNTY			Y, TOWN OR LOCA LTIMORE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
10. STREET AND NUMBER 5307 LOTHIAN RO 11. MARITAL STATUS 11.F. Namer Marriad 2 Marriad	OAD	0	1	21212		7.7	N OF WHAT COUNTRY? U.S.A
11. MARITAL STATUS 11. MARITAL STATUS 12. Married 2 Married 2 Midowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DAT	2 NO	If yes, a	CENDENT OF HISPA pecify Cuban, Mexico S 2 NO Specif	an, Puerto Rican, e		Black, White, etc. Specify: BLACK
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S (Give kind of v life. Do NOT us CHILD	work done during m se retired.)	ION lost of working	16b. KIND (OF BUSINESS/INDUS	ITRY
17. FATHER'S NAME (First, Middle, Last) GAINERS WELI	S			18. MOTHER'S NA	AME (First, Middle, A	Maiden Sumame) TISDAL	Đ
19a. INFORMANT'S NAME (Type/Print) GAINERS WELLS	SIII	19b. MAILING 5307				or Rown, State, Zip Co., MD. 21	
23. PART I. Enter the diseases, or composed in the composed in	omplications that caused	the death. Do i	WM.C		F.H 110		TH AVENUE tt, Approximata interval Between Onset and Death
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A				<u> </u>		
PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1	contributing to death bu	it not reaulting	in the underlyi	ng cause given in	,	VAS AN AUTOPSY PERFORMED? YES 2 10 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Z 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	itient 3 DOA	OTHER:	PLACE OF DEATH (C		ffy)	1
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	07 ^M 3 ⁿ -079 ⁹ n		JURY V	NJURY AT VORK? YES ZY NO		HOW INJURY OCCU T STRUCK	
	28e. PLACE OF INJURY building, etc. (Speci	STREE	T		3400 BL	K GREENM	OUNT AVE
CONSON ONLY	IAN: To the best of my knowle I: On the besis of exemination						cause(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER 30. NAME AND ADDRESS OF PERSON WHO	TOWN STONE OF THE PARTY OF THE	TH STEP OF T	- Cortest	OCME	JMBER	0.000	SIGNED (Month, Day, Year) -1991

OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

31. DATE FILED (Month, Day, Year) 1991

111 N. PENN STREET BALTIMORE, MARYLAND 21201 DHMH-16 Rev 1/89

1215-0020	r attending physician.	use as the burial transit permit. Pages 1, 2,
BALTIMORE, MARYLAND 21215-0020	after death. Page 6 may be retained by the hospital	by the funeral director, page 5 should be detached for
OF VITAL RECORDS, P.O. BOX 68760,	HYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	vis certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial ransit permit. Pages 1, 2, with the State Dept, of Health and Mental Hydiene prior to burial, cremation, or removal

REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATN 3. TIME OF DEATN DAY YEAR Foy Wah July 5, 1991 10:00 Рм 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Year IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 1 X M 2 | F DAYS HOURS 217-32-9755 YAS. 11/11/1896 China 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATN 9c. COUNTY OF DEATH DIRECTOR Bon Secour Ext. Care Facility Ellicott City Howard RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? Maryland Howard Ellicott City 1 TYES 2 NO 10e. STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3000 N. Ridge Road 21043 U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 X NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No if yes, specify Cuban, Maxican, Puarto Rican, stc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, alc. 1 Never Married 2 Married IF YES, GIVE WAR OR DATES BY 3 2 Widowed 4 Divorced Specify: Oriental COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b, KIND OF BUSINESS/INDUSTRY (Give kind of work done life. Do NOT use retired.) Elementary/Secondary (0-12) College (1-4 or 5+) 7th Grade Owner Laundry Business must be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Wong Sin Yu BE Huey See 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 3802 Terka Circle Randallstown, MD Miss Katherine Wah 21133 20s. METNOD OF DISPOSITION

1 Spariel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) DATE 20b. PLACE AND DATE OF DISPOSITION (Name of 20c. LOCATION - City or Town, Siste Lorraine Park Cemetery 6/9/7 Woodlawn, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY
Loring Byers Funeral Directors, Inc. John 8728 Liberty Road Randallstown, MD 21133 the medical 23. PART Enter the diseases, or complications that ceused the deeth. Do not enter the mode of dying, auch as cerdiec or respiratory arrest, **Approximate** shock, or heert fallure. List only one ceuse on each line. Interval Between IMMEDIATE CAUSE (Final **Onset and Death** disease or condition METASTATIC resulting in death) Injury, or other traumatic event, DUE TO (OR AS A CONSEQUENCE OF) ANDIOPULMONAN CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Diseese or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated eventa reaulting in death) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. MEDICAL 24m. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS item 23 shows any AMILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF DEATN (Check only one) EXAMINER? HOSPITAL: 1 | Inpetient 2 | ER/Outpetient 3 | DOA ne 5 🗆 Residence 6 🗆 Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) marked, 28b. TIME OF 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED Natural HOSPITAL OR ATTENDING PHY FUNERAL DIRECTOR: After this within 72 hours after death wil MTANT; If item 28 is marke 5 Pending 1 YES 2 NO BY 2 Accident 28s. PLACE OF INJURY — At home, larm, street, factory, office building, etc. (Specify) 3 Suicide 8 8 Could not be 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide determined COMPLET IFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. (Check only one) PORTANT: IF MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. WE TITLE OF CERTIFIES 星星星 BE 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) 2 PLETED CAUSE OF DEATH (ITEM 27) (Type, Print) EVILLETT CONFER HALKT Miles Ukun 31. DATE FILED (Month, Day. 32 PEGISTRAR'S SIGNATURE

1. OECEDENT'S NAME (First, Middle, Last)

FOR STATE REGISTRAR

1 -

3. TIME OF DEATH

M

1991 5 J. Williams 03:00 Tormie 4. SOCIAL SECURITY NUMBER 5 SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. OATE OF BIRTH B. BIRTHPLACE (State or Foreign 896 DAYS HOURS 218-60-7809 1 M 2 F YRS 7-3-1953 Md Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH DIRECTOR 3503 Ednondson Baltimore Avenue 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Baltimore 1 YES 2 NO permit. FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 3503 Ednondson Avenue 21229 USA director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT SVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexic 1 YES 2 NO Spec 1 Never Married 2 Married YES, GIVE WAR OR DATES Specify: B **Black** 3 Widowed 4 Divorced ETED. 16a. OECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade co Elementary/Secondary (0-12) College (1-4 or 5+) COMPL Legal Secretary once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Luke Williams, Sr Della Worsley notified at BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Luke Williams, Sr 3503 Edmondson Avenue Baltimore, Md 21229 9 20a/ METHOD OF DISPOSITION
7 Buriel 2 Cremation 3 Ren
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION — City or Town, State DATE must Garrison Forest Vet 7991 Owings Mills, Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22 NAME AND ADDRESS OF FACILITY the funeral 4300 Wabash Avenue Jare medicai 23. PART I. Enter tha diseases, or complications that caused the daeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, filled in by **Approximeta** shock, or heart failure. List only one cause on each line. Interval Between 8 **Onset and Death** IMMEDIATE CAUSE (Finel been signed by the attending physician and completely fille at. of Health and Mental Hygiene prior to burial, cremation, shows any injury, or other traumatic event the disease or condition_ DUE TO (OR AS A CONSEQUENCE OF): resulting in death) CERTIFICATION Sequentially list conditions, CONSEQUENCE OF): DUE TO (OR If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): reaulting in death) LAST 0 PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a, WAS AN AUTOPSY PERFORMED? 246. WERE AUTOPSY FINDINGS MEDICAL **AVAILABLE PRIOR TO** COMPLETION OF CAUSE 1 - YES 2 X NO OF DEATH? 1 TYES 2 NO PHYSICIAN: has be Dept. 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) Hem After this certificate I death with the State HOSPITAL: OTHER: 1 TYES 2 NO ent 2 ER/Outpatient 3 DOA ng Home 5 Residence 8 🗆 Other (Specify) marked, or 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 26b. TIME OF 28c. INJURY AT 28d. DESCRIBE HOW INJURY OCCURED 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO B 3 Sulcide 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 281, LOCATION (Street and Number or Rural Route Number, City or Town, State) 28 is 5 Could not be COMPLETED THE FUNERAL DIRECTOR: filed within 72 hours after 4 Homicide Пеш 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. = 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(s) and manner as stated. MPORTANT 296 SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) BE -27 23 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) ANGELES 6 ON, ZALE Caton NOSD 3 BROWN BOOK TO THE THE PROPERTY OF THE PROPER 1991 Baltimore 21229

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2. DATE OF DEATH MONTH

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	100				2. DATE OF MONTH	F DEATH DAY	YEAR 3. 1	IME OF DEATH
	Charlie H. Winb	oush			7	2 199		
11.			ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month) I	F BIRTH Day, Year) -1921	Country)	CE (State or Foreign Va
5307 Moravia Road RESIDENCE OF DECEDENT	and number)	9		imore	ATH	9c. COUNT	Y OF DEATH	
10a. STATE Md 10b. COUNTY			town on Locat Itimore	ION			100	. INSIDE CITY LIMITS? YES 2 NO
oo. STREET AND NUMBER 5307 Moravia Ro	ad		101.	ZIP CODE	96		S A	COUNTRY?
11. MARITAL STATUS 12 Never Married 2 Married Marr	P. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN Helfy Cuban, Mexicar 2 ANO Specify	n, Puerto Ric		Black, WI	American Indian, nite, etc. Black
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use i	rk done during mo	N It of working		thlehem Steel	STRY	
77. FATHER'S NAME (First, Middle, Last) Charles Richardson				Classie		ddla, Malden Surname)		
Gasalana Lon		THE RESERVE OF THE PARTY OF THE				r, City or Town, State, Zip C	Gode)	
Carolyn Lee	1 201			h Road Bal	DATE	, IVICI	a - on Town	64-4a
20a, METHOD OF DISPOSITION □ Suriel 2 □ Cremation 3 □ Remova □ Donation 6 □ Other (Specify)		King Mellori		(Name	7991			
► Karen M 23. PART I. Enter the diseases, or con shock, or heart fellure. Lis			430	h F/H West 10 Wabash de of dying, such	Avenue		st,	Approximats interval Betw
iMMEDIATE CAUSE (Finel disease or condition resulting in death)	Mel		color	caici	nom	0		Onset and D
Sequentially list conditions, 5	100,000,000,000,000	A CONSEQUENCE OF):						
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST					Part I	A4- MAG AN AUTODOV		RE AUTOPSY FIND VLABLE PRIOR TO MPLETION OF CAU DEATH?
if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	contributing to deeth b	out not resulting in	the underlyin	g ceuse given in		PERFORMED?	CO OF	YES 2 NO
if siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of the cause of the conditions of the cause	HOSPITAL:		26. PI OTHER:	LACE OF DEATH (Ch	neck only one)	PERFORMED? 1 YES 2 NO	CO OF	
if siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions of the conditions of the cause of the conditions of the cause			26. PP OTHER: 4 — Nursing Hom OF 28c. INJ RY WC		seck only one	PERFORMED? 1 YES 2 NO	1 [
if siny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions of the conditions of the cause of the conditions of the cause	IOSPITAL: Inpatient 2 ER/Outg	petiant 3 DOA 20b. TIME INJU	26. PI OTHER: OH Section 1 Section	LACE OF DEATH (Chine 5 Residence URRY AT PKS 2 NO	6 Other	PERFORMED? 1 YES 2 NO (Specify)	1 [YES 2 NO

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Sheldon Milner

D 406 Eastern Blvd.

21221

Balto.Md

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the thin some certificate be executed within 2x-surs after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notiffied at once.

08 1991

	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 183 18
	1 - STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1 8 3 8 CERTIFICATE OF DEATH REG. NO.
	1. DECEDENT'S NAME (First, Middle, List) () LL 1 E MRY WIN 1 GHS 2. DATE OF DEATH MONTH DAY 1 GYEAR 2 D M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) 1. UNDER 1 YEAR # UNDER 2 HITE (Month, Day, Year) (Month, Day, Year) (Month, Day, Year)
N.	PECILITY NAME (If pet institution, give street and nighted) 9c. COUNTY OF DEATH 9c. COUNTY OF DEATH
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b. COUNTY 10s, CITY, TOWN OR LOCATION 10d. INSIDE CITY
	Md Batroke LIMITS? - NO
FUNERAL	100. STREET AND NUMBER RIGHTS AVE. 100. CITUZEN OF WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 5 Merried 1 Divorced 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 13. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puarto Ricen, etc.) 14. RACE — American Indian, Black, White, etc. 15. WAS DECEMENT OF HISPANIC ORIGIN? (Specify Yes or No— If yes, specify Cuben, Maxican, Puarto Ricen, etc.)
ETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) 16a. DECEDENT'S USUAL OCCUPATION (Give light of a work done or light of a work done or light of a work done or light of a work done or light of a work done or light of a work done or light of a work light
COMPLE	Elementery/Secondary (0-12) College (1-4 or 5+) Househeeping USFEG
-	17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Sumame)
O BE	19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number) City or Town, State, Zip Code)
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION (Name of cemetery, Crematory or Other Place) 20c. LOCATION — City or Town, State
	4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
	William C. Brown Comm. F.H.
	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, abock, or heart feliure. List only one cause on each line. Approximate interval Between
	immediate Cause (Final disease or condition resulting in death) a. A cute Cere brovas culan Accident (C) cerebry wywi
z	DUE TO (OR AS A CONSEQUENCE OF): Heavy Failme
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING
TIFIC	CAUSE (Disease or injury that initiated events resulting in death) LAST
O	a. per aucurs
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting in the underlying cause given in Part i. 248. WAS AN AUTOPHY PERFORMED? 249. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	House Amoure As and
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 1 Input lent 2 ER/Outpet lent 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify)
PHYS	27. MANNER OF DEATH 286. DATE OF INJURY (Month, Day, Year) 286. TIME OF INJURY AT WORK? 286. INJURY AT WORK?
D BY	2 Accident Investigation 3 Suicide 6 Could not be building, stc. (Specify) 26. PLACE OF INJURY — At home, farm, street, factory, office City or flown. State) 26. PLACE OF INJURY — At home, farm, street, factory, office City or flown. State)
LETE	4 Homicide detarmined
COMPLET	CENTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) and manner as stated. Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end manner ee stated.
BE C	29C. LICENSE NUMBER 29d. DATE SIGNED (Morith, Day Year)
임	30-NAME AND AND HEST OF PARSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

OX 68760, BALTIMORE, MARYLAND 21215-0020	TO THE HOSPITAL DR ATTENDING PHYSICIAN THE requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate in been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
DIVISION OF WITH RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DR ATTENDING PHYSICIAN TO requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the bost TO THE FUNERAL DIRECTOR. After this certificate the leen signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

REGISTRAR 1. DECEDENT'S NAME (First, Mid	ddle, Last)					-	3	63		OF DEATH	1715	51	3. TIME OF DEATH
JAMES	E. Y	ORK		, it.		7.7	4	13.79	MONTH		19	91	12:30
4. SOCIAL SECURITY NUMBER		5. SEX	8. AGE (In yrs.	last birthday)			IF UNDER		7. DATE	OF BIRTH		8. BIR	THPLACE (State or Foreig
105-38-0380		1 🖾 M 2 🗌 F	45	YRS.	MONTHS	DAYS	HOURS	MIN.		Day, Year)	945		Mew York
9a. FACILITY NAME (If not institu	ution, give stre	et and number)		- 81	9b. CITY	, TOWN C	OR LOCATI	ON OF DE				INTY OF	
THE JOHNS	HOPK	INS HOSP	TTAT.	41	BALT	rtmoi	RE, I	MARY	T.AND		BAL	ттмо	ORE CITY
RESIDENCE OF DECE	DENT								LATITUD		1 DILL	1111	
Virginia 100	Db. COUNTY	. 1		10c. CIT	ry, town (OR LOCAT	TION						10d. INSIDE CITY LIMITS?
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4821 S 31st	+ 0+	A				101	. ZIP COD						F WHAT COUNTRY?
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11. MARITAL STATUS 1 Never Married 2 Mar 3 Widowed 4 Divorced	belini	12. WAS DECEDEN' FORCES? 1 IF YES, GIVE W	YES 2	NO		If yes, sp	ENDENT (ecity Cube 2 NO	ın, Mexica	in, Puerto F	? (Specify Ye lican, etc.)	s or No—	BI	ACE — American Indian, lack, White, etc. Decity: White
15. DECEDE (Specify only hig	ENT'S EDUCA	ATION omnieted)	16a,	DECEDENT'S	USUAL O	CCUPATIO	ON set of world	na	16b.	KIND OF BU	ISINESS/IN	DUSTRY	1
Elementary/Secondary (0-12)		College (1-4 or 5+	+)	Ille. Do NOT u	ise retired.)								
		3		Vete	ran A	dmi	n.				U.S	. Go	overment
17. FATHER'S NAME (First, Middle		1.31					18. MOT			Hiddle, Maider	Surname)		
Edwin L)									ie La				11.04
19s. INFORMANT'S NAME (Type/	/Print)									ber, City or Tox			
Marie York				48	321 5	0.	31st	St.		ngton			
20a. METHOD OF DISPOSITION 1 During 2 Cremation	3 🗆 Remov	val from State	20b. PLA	CE AND DAT	C OF DISF	OSITION	(Name		June	20c. L	OCATION -	- City or	Town, State
4 Donation 5 D Other/Sp	pecify)		Eve	erly (1991	Alex	VA	
21. SIGNATURE OF FUNERAL S	REPLACE FICE	NIEE /			22.	NAME A	ND ADDRE		CILITY				
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1 marle	1	Bas	nco			Eve	_			Fune			_
23. PART L Enter the diser	ases, or co	A50s	nt caused tha	death. Do		Eve	500 V	V Bra	addoc	k Rd.	Alex	x. 1	_
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	1. DECEDENT'S NAME (First, Middle,	ENORA A	NDERS	ON		2. DATE O MONTH	REG. NO.	YEAR 1	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER		SE (In yrs. last birthday) 3 YRS.	F UNDER 1 YEAR MONTHS DAYS	-	7. DATE OF	BIRTH 25/27	E.	ACE (State or Foreig
OR	9a. FACILITY NAME (If not institution, Stella Maris				OR LOCATION OF D	DEATH	9c. COU	Balt	imore
DIRECTOR		OUNTY		TY, TOWN DR LOC					Dd. INSIDE CITY
	Maryland 100. STREET AND NUMBER			Baltimo	101. ZIP CODE		10g. CIT		YES 2 N
FUNERAL	2912 East Fe	12. WAS DECEDENT EVE	R IN U.S. ARMED			NIC DRIGIN?	(Specify Yes or No-	14. RACE -	A . American Indian
BY	1 Never Married 2 Married 3 Wildowed 4 Divorced	FDRCES? 1 TYE			specify Cuben, Mexic ES 2 NO Spec		can, etc.)	Specify:	Black
PLETED	15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)	S EDUCATION t grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of life. Do NOT a	S USUAL OCCUPA work done during in use retired.)	TIDN most of working	16b. I	CIND OF BUSINESS/IN	DUSTRY	
COMPL		College 2	Hous	ing Mar	_		using Au	thor	ity/Ba
	17. FATHER'S NAME (First, Middle, La Charley Mars				Annie		ddle, Melden Surname)		
BE	19a. INFORMANT'S NAME (Type/Print		19b. MAILIN	G ADDRESS (Stree			r, City or Town, State, Zi	p Code)	
2	Eleanor E. M	Mitchell	2904	Presb	ury Str	eet	Baltimor	ce, M	D 212
	1 Heslyers	E nutter		250	1 Gwynn	s Fal	tter Fun 1s Parky	vav	Homes
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Carla S. Alexander, M.D. - Stella Maris Hospice-Dulaney Valley Rd. - Towson

31. DATE FILED (Month, Day, Year)

2. TIME OF DEATH

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1 -

1, DECEDENT'S NAME (First Mickele, Leet) 2. DATE OF DEATH G. SAMUEL ANDERSON 305 JULY 8, 1991 7. DATE OF BIRTH 8 BIRTHPLACE (State or Foreign 4 SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. lest birthday) IF UNDER 1 YEAR JF UNDER 24 HRS. SEPT. 10,1911 MARYLAND DAYS HOURS 79 216-01-2462 1 X M 2 - F YRS. 9c. COUNTY OF DEATH Sa. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH ST. AGNES HOSPITAL DIRECTOR BALTIMORE RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY WOODLAWN 1 YES 2X NO MARYLAND BALTIMORE 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? FUNERAL AVENUE 21207 1135 DANIELS U.S.A. nours after death. Page 6 may be retained by the hospital or attending physician. 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE — American Indian, Black, White, atc. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED burie FORCES? 1 YES 2 2 X NO If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Nover Married 2 X Marrie Specify. BY 3 Widowed 4 Divorced WHITE use as the 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 18b. KIND OF BUSINESS/INDUSTRY 15. DECEDENT'S EDUCATION (Specify only highest grade com for Elementery/Secondary (0-12) College (1-4 or 5+) ATLANTIC BABY STUDIO **PHOTOGRAPHER** 11 funeral director, page 5 should be detached once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GOLDIE SCHAEFFER SAMUEL D. ANDERSON at notified 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 1135 DANIELS AVENUE, WOODLAWN, MARYLAND 21207 EDNA R. ANDERSON (WIFE) pe 20s. METHOD OF DISPOSITION
1 Surial 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must WOODLAWN CEMETERY WOODLAWN, MARYLAND the medical examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 filled in by the fillen, or removal. 23. PART I. Enter the disesses, or compile and that caused the deeth. Do not enter the mode of dying, such se cardiac or respiretory arrest, Approximete shock, or heart failure. List only one ceuse on each line. interval Between Onset and Death IMMEDIATE CAUSE (Final cremation. disease or condition resulting in death) asystole completely executed within traumatic event, OR AS A CONSEQUENCE OF manive right ventricular inforclion is as a consequence on personal consequence on personal consequence on the conference of the conferenc and com CERTIFICATION equentially list conditions, OVE TO (OR AS A CONSEQUENCE OF) 9 If any, leading to immediate cause. Enter UNDERLYING I by the attending physician and Mental Hygiene prior to certificate be CAUSE (Disease or injury that initiated events resulting in death) LAST other DUE TO (OR AS A CONSEQUENCE OF): 6 law requires that the death Injury, PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24h WERE ALITOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE any i been signed b 1 YES 2 THO OF DEATH? Shows 1 YES 2 NO Dept. PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) Item PHYSICIAN: The certificate h HOSBITAL OTHER: 1 | YES 2 | NO atlent 2 ER/Outpatient 3 DOA 4 - Nursing Ho ne 5 Residence 8 Other (Specify) 6 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 285. TIME OF 28c. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED this c marked, 5 Pending Investige 1 Natural 1 YES 2 NO L DIRECTOR: After the hours after death w BY OR ATTENDING 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 | Homicide 1 (CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. TO THE FUNERAL C be filed within 72 h IMPORTANT: If II (Check only one) HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner as stated. 29d. DATE SIGNED (Month, Day, Year) 29b. SIGNATURE AND TITLE OF CENTIFIER. 29c. LICENSE NUMBER BE 물물을 WXXII8 300825 9 2 5 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON WHO COS 3455 WUKENS AVE BAItU, BENITEZ UGENIO 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE Davidson-Rando

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

DIVISION OF VITACRECORDS, P.O. BOX 68760,

rs after death. Page 6 may be retained by the hos	n by the funeral director, page 5 should be detache removal.	edical examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN. THE COMPUTED THE CONTRACT OF THE HOSPITAL OR ATTENDING PHYSICIAN. Page 6 may be retained by the hospital physician of the second of the property of th	TO THE FUNERAL DIRECTOR: After this certification was provided by the annual of position of completely filled in by the funeral director, page 5 should be detached he filed within 72 hours after detail with the State Day.	IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

CHARLES F. O'DO 31. DATE FILEO (Month, Day, Year) JUL 09 1991

O'DONNELL

32. REGISTRAR'S SIGNATURE

1. OECEOENT'S NAME (First, Middle, Last)	ELEANORA	E. ABURN			2. DATE OF OR MONTH JULY	DAY	991 ^{YEAR}	3. TIME OF DEATH 3:55 P
	5. SEX 6. AGE	(In yrs. last birthday) 99 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BII (Month, Day, NOV . 4	Year)	Coun	HPLACE (State or Foreign try) YLAND
9a. FACILITY NAME (# not institution, give stre DULANEY TOWSON N. RESIDENCE OF DECEDENT			96. CITY, TOWN	ON LOCATION OF D	EATH		ALTIM	
10a. STATE 10b. COUNTY	LTIMORE	10c. CITY	TOWN OR LOCA					10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 111 WEST ROAD			10	1. ZIP COOE 212	04	10g. C		WHAT COUNTRY? U.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 1 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, sp	ENDENT OF HISPA Colfy Cuban, Maxico 2 NO Special	en, Puerto Rican,	etc.)	Blac	CE — American Indian, ck, White, etc. WHITE
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION ompleted) College (1-4 or 5+)	16a. OECEDENT'S (Give kind of with Do NOT use HOMEMA	ork done during mo retired.)	ON ost of working		OF BUSINESS/I	NDUSTRY	
17. FATHER'S NAME (First, Middle, Lest) GEORGE SPINDLER				18. MOTHER'S NA ELIZA	AME (First, Middle, BETH GL)	
190. INFORMANT'S NAME (Type/Print) MR. GEORGE S. ABU	RN		ADDRESS (Street R	end Number or Rural	Poute Number, Ch OWSON, M		zip C000) L204	
204. METHOD OF DISPOSITION	20	0b. PLACE AND DATE			DATE	DOS LOCATION	- City or 1	Forms State
Burlel 2 Cremation 3 Removed 4 Donation 5 Other (Specify)	vel from State of	cemetary, crematory	or other place)	7/	8/91	BALTIMO 05 YOR	ORE.M	D. 21202
23. PART I. Enter the diseases, or coahock, or heert feilure. Li	wal from State of G	REEN MT	OF Other place) CFMETER 22. NAME A HENRY	ND ADDRESS OF FA	8/91 ACILITY 49 KINS ANI	BALTIM 005 YOR SONS.	ORE.M K ROA BALI	AD 21202 TIMORE, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE	omplications that cause list only one cause on a	REEN MT	cr other place) CFMF1TFB 22. NAME A HENRY	ND ADDRESS OF FA	8/91 ACILITY 49 KINS ANI	BALTIM 005 YOR SONS.	ORE.M K ROA BALI	AD 21202 TIMORE, MD.
21. SIGNATURE OF FUNERAL SERVICE LICE 22. PART I. Enter the diseases, or contained and the service Lice 23. PART I. Enter the diseases, or contained and the service Lice 14. IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury)	omplications that cause ist only one cause on our output of the cause	d cemetary, crematory GREEN MT.	crother place) CEMETER 22. NAME A HENRY Dt enter the me	ND ADDRESS OF FA	8/91 ACILITY 49 KINS ANI	BALTIM 005 YOR SONS.	ORE.M K ROA BALI	D. 21202 AD 21212
23. PART I. Enter the diseases, or constitute the conditions, if any, leading to immediate cause. Enter UNDERLYING	omplications that cause ist only one cause on our output of the cause	ed the death Do neech line. A CONSEQUENCE OF	crother place) CEMETER 22. NAME A HENRY Dt enter the me	ND ADDRESS OF FA	8/91 ACILITY 49 KINS ANI	BALTIM 005 YOR SONS.	ORE.M K ROA BALI	AD 21202 TIMORE, MD.
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23. PART I. Enter the disease, or coachock, or heert fellure. LimmeDiate Cause (Final disease or condition resulting in deeth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER	pue to (or As Du	a consequence of but not resulting is	or other place) CFMETER 22. NAME A HENRY Dt enter the me	NY 7/ ND ADDRESS OF FA	8/91 ACILITY 49 KINS ANI The ee cerdlec of	BALTIM 005 YOR 0 SONS. OF respiratory WAS AN AUTOPS PERFORMED? 1 YES 2 1 NO	ORE,M K ROA BALII arreat,	AD 21212 CIMORE, MD. Approximate Interval Betwood and Down and Down and Down and Down and Down and AMALABLE PRIOR TO COMPLETION OF CAST. OF DEATH?
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23. PART I. Enter the disease, or conditions. 23. PART I. Enter the disease, or conditions abock, or heart fellure. Limited in deeth) 25. PART II. Enter the disease, or conditions abock, or heart fellure. Limited in deeth) 26. PART II. Enter the disease, or conditions about the cause or conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in deeth) LAST 26. WAS CASE REFERRED TO MEDICAL EXAMINER 1 UPS 2 UND 27. MANNER OF DEATH 27. MANNER OF DEATH 28. PART II. Other algorithms about the cause in the	DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF But not resulting in A CONSEQUENCE OF A CONSEQUENCE OF	or other place) CFMETER 22. NAME A HENRY Dt enter the me 1	NO ADDRESS OF FA	ACILITY 49 KINS ANI Part I. 24a. 1 Part I. 24a. 1 Check only one) 8 Check Other (Special Describer)	WAS AN AUTOPS PERFORMED? YES 2 NO	ORE, M K ROA BALT arreat,	AD 21202 AD 21212 CIMORE, MD. Approximate interval Betwoen and D AMALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

TOWSON, MD. 21204

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Tay Treques that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache		IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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31. DATE FILED (Month, Day, Year)

JUL 09

FOR 1 - STATE REGISTRAR		STATE OF I			TMENT OF			NTAL HYGIEN	E		
1. DECEDENT'S NAME (First,	Middle, Lest)	DAVID	ALL	ON), Sr	,	2.	DATE OF DEATH DA	9	(EAR 3, 1	TIME OF DEATH
4. SOCIAL SECURITY NUMBER 219-12-824		5. SEX 1 1 M 2 F	6. AGE (In yrs. Is	YRS.	IF UNDER 1 YEAR MONTHS DAYS		AAAA	DATE OF BIRTH (Month, Day, Year) /17/192		Country)	CE (State or Foreign
9a. FACILITY NAME (If not ins Harbor H	ospit		ter		96. CITY, TOWN Balt	O.Cit	ON OF DEATH	1		Y OF DEATH	
Maryland	10b. COUNTY				alto.M		nd			4	. INSIDE CITY LIMITS? YES 2 \(\square\) NO
10e. STREET AND NUMBER	5 Mar	iban C				101. ZIP COOE	225		12.14.15		COUNTRY?
11. MARITAL STATUS 1 Never Married 2	Married	12. WAS DECEDEN		RMED	if yes,	ECENDENT O	F HISPANIC	ORIGIN? (Specify Year Puerto Rican, etc.)		RACE — A	American Indian, lite, etc. Vhite
15. DECI (Specify only Elementary/Secondary (0 7th.Grade	EDENT'S EDUC highest grade of	ATION completed) College (1-4 or 5	S	Give kind of v e. Do NOT us	USUAL OCCUPA vork done during in retired.)	nost of workin		16b. KIND OF BUS	e Tra		
17. FATHER'S NAME (First, Mi	ddle, Lest)	Al		II u	A MEC			(First, Middle, Maiden		TILDIE	51
	Rube	n C	. 7	Aller	1	75,15,35	nma	Draille	uckir	ahan	n
19a. INFORMANT'S NAME (7)			1	9b. MAILING	ADORESS (Street			te Number, City or Tow			
Mrs.Nancy	M.Al	len		412	25 Mar	iban	Ct.B	alto.Md	.2122	25	
20a. METHOD OF DISPOSITI	n 3 🗆 Ramo	ovel from State	206. PLAC of cemetar STOT	e ano oati y, crematoo 1e Cr	or other place)	weth(emt.	7/8/ Ba	cation — ci		
21. SIGNATURE OF FUNETAL 23. PART I. Enter the di	ave	omplications the	uas	Seeth. Do r	McC		Fune	Bal ral Hom) E.F	Fort Ave
IMMEDIATE CAUSE (Fin disease or condition		List only one ce	se on each lir	18.	cardia	Medai	onto.				Onset and Death
resulting in death) Sequentially list conditi if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injuithat initiated events resulting in death) LAS	diate NG ry	DUE TO	OR AS A CONS	V/an EQUENCE O		shy	Thm	jā.			3 years
PART II. Other algnifica		a contributing to	death but not	resulting	In the underly	ing couse	given in Pa	rt I. 24a. WAS AN PERFOI 1 YES 2	RMED?	COI OF	RE AUTOPSY FINDINGS ILLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 700
25. WAS CASE REFERRED TO EXAMINER? 1 YES 2 □ NO	MEDICAL	HOSPITAL:	☐ ER/Outpatient	3 P DOA	OTHER:	PLACE OF D		only one) Other (Specify)			
	Pending Investigation	28a. DATE O (Month,)	FINJURY Day, Year)	26b. TIM	IE OF 28c.	NJURY AT WORK? YES 2	2	8d. DESCRIBE HOW	INJURY OCCL	IRED	
	Could not be detarmined	28e. PLACE (building	OF INJURY — At I , etc. (Specify)	nome, farm,	street, factory, o	fice	2	8f. LOCATION (Street City or Town, State		r Rural Route	Number,
neal -								the cause(a) and ma			d manner as stated.
296. SIGNATURE AND TITLE	OF CERTIFIE	n mo				29c. LIC	17/54	7	29d. DATE	SIGNED (MO	onth, Day, Year)

OHMH-16 Rev 1/89

1 - STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. DECEDENT'S NAME (First, Middle, Last) DEARYL	Bowli	E				2. DATE OF MONTH	DEATH	9	AS 3. TIM	256
4. SOCIAL SECURITY NUMBER 219-52-4394	5. SEX 6.	AGE (In yrs. les	t birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	+	7. DATE OF I	BIRTH by, Ybar) T 24 1		BIRTHPLACE (Country) MARYI	(State or Foreign
9a. FACILITY NAME (If not institution, give sti	PITAL	70			N OR LOCATION OF DE LTIMORE	_		c. COUNTY		J. 11 12
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY			I soc cirr	Y, TOWN OR LO	CATION				10d IN	ISIDE CITY
MARYLAND				ALTIMOR	E				XX	MITS? res 2 🗌 No
3006 ROSALIND	AVENUE				21215		10		OF A.	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR		RMED	If yes,	Specify Cuben, Mexico ES 2 NO Specific	en, Puerto Rice			RACE — Ame Black, While, Specify: BI	erican Indian, , atc.
15. DECEDENT'S EDUC (Specify only highest grade		16a. OE	CEDENT'S	USUAL OCCUPA work done during	ATION most of working	16b. Kil	NO OF BUSINE	ESS/INOUST	(FFY	
Elementary/Secondary (0-12) 0-8	College (1-4 or 5+)	llfe.	ANIT(se retired.)	most or working	s	CHOOLS	5		
17. FATHER'S NAME (First, Middle, Lest) ROBERT BOWIE	-100	2 7			18. MOTHER'S NA	NE REB				
19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING	ADDRESS (Stra	et and Number or Rural				de)	
MR. ROBERT BOWI	E				D AVENUE					21215
20s. METHOD OF DISPOSITION 1 Burial 2 Cremation 3 Remote 4 Donation 5 Other (Specify)	oval from Stata	20b. PLACE	AND DAT	E OF OISPOSITI		OATE	20c. LOCAT	TION — City	or Town, Sta	
	TENSEE 7			22, NAME	AND ADDRESS OF F	ACILITY				
23. PART I. Enter the diseases, or o shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	Liet only one ceuse	on eech line	е.	4517		GHTS A	VE. E	BALTII ory strest	MORE, M	ARYLA! Approximete Interval Betv
23. PART I. Enter the diseases, or canock, or heert fellure.	a. Liver DUE TO (O DUE TO (O	on eech line	OUENCE O	4517 not enter the	PARK HEI	GHTS A	VE. E	BALTII ory strest	MORE, M	ARYLAI Approximete Interval Betv
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23. PART I. Enter the diseases, or on shock, or heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions.	DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O DUE TO (O	ON eech line A A CONSE PR AS A CONSE OR AS A CONSE eeth but not	OUENCE O	4517 not enter the life in the underly	PARK HEI mode of dying, such y fa	GHTS A ch ss cerdied J Cur Pert I. 24 theck only one)	OF THE PROPERTY OF THE PROPERT	BALTIN ON STREET	24b. WERE AMAIL COMPORT DE	ARYLAT Approximete interval Betw Onset and D AUTOPSY FIND IBLE PRIOR TO LETION OF CAU ATH?
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23. PART I. Enter the diseases, or on shock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that inteled events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 6 Could not be datarmined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER 29b. SIGNATURE AND TITLE OF CERTIFIER	DUE TO (O DUE TO (O DUE TO (O C. OUE TO (O d. BE CONTRIBUTING to de CES. DATE OF IN (Month, Day, Delicity of the best of mer.)	OR AS A CONSE OR AS	COUENCE O	4517 not enter the life in the underly The in the underly The interest in the underly A	PARK HEI mode of dying, such year of the control of	Part I. 24 1 Part I. 24 1 Other (S 28d, OESCR 28f, LOCATE City or 1 line to the cause e time, data an	COT reepirate CO	TOPSY ED? Number or Institute to the country of th	24b. WERE AMALA COMPTO OF DE 1	ARYLAN Approximete interval Betw Onset and D AUTOPSY FIND INBLE PRIOR TO LETION OF CAU ATTH? YES 2 NO

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ATTACHER THE ANTHOR STATE OF THE

DIVISION OF VITAL RECORDS, P.O. BOX 68760, L. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Degr. of Health and Mental Hygiene prior to burial, cremation, or removal. MAPORTANT: It isom 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.	183
BRITTON	2. DATE OF DEATH MONTH DAY	YEAR 3. TIM

FOR STATE REGISTRAR	STATE OF MAR		IENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIEN	IE	10020
1. OECEDENT'S NAME (First, Middle, Last) EDWARD		BRi	TTO;U		06 9	S. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 214-64-0159 98. FACILITY NAME (If not institution, give a	1 № M 2 🗆 F	37 YRS. MO	UNDER 1 YEAR IF UNDER 24 HRS. NTHS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country) BALTIMORE OF DEATH
LIBERTY MEDICAL			BALTIMORE			
MD.	Υ		OWN OR LOCATION TIMORE			10d. INSIDE CITY LIMITS? 17 YES 2 NO
100. STREET AND NUMBER 2919 ROSEWOOD A	VENUE.		101. ZIP COOE 21215		USA.	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Max 1 YES 2 NO Spe	ican, Puerto Rican, etc.)	ne or No.— 14	RACE — American Indian, Black, White, etc. Specify: BLACK
15. DECEDENT'S EDL (Specify only highest grade Elementary/Secondary (0-12)		Ille. Do NOT use re	done during most of working	16b. KIND OF BI	JSINESS/INDUS	
17. FATHER'S NAME (First, Middle, Lest)		UNEI	16. MOTHER'S	NAME (First, Middle, Maide		
EDWARD THOMAS BI	RITTON		DRESS (Street and Number or Run		wn, State, Zip Co	
VIOLET COLEMAN 20a. METHOD OF DISPOSITION 1, Burlal 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE Of of cemetary, crematory or		DATE 20c. L	OCATION — CH	y or Town, State RE, MD.
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE B	Dun	JOSEPH H.	FACILITY BROWN, JR.	FUNERA	
23. PART i. Enter the diseeses, or shock, or heert feiture. IMMEDIATE CAUSE (Final diseese or condition resulting in death)	List only one cause o		enter the mode of dying, s	uch ea cerdiec or rea	piretory arres	t, Approximata Interval Betw Onset and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	C SEIZUR	AS A CONSEQUENCE OF):	JO- DEFICIE TOXOPLAS		J.D.R.OI	73.
PART II. Other significent condition	ne contributing to dear	th but not resulting in t	the underlying ceuse given		N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDS AMILIABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	поовиты.		28. PLACE OF DEATH	(Check only one)		
1 TYES 2 NO	HOSPITAL:	Outpatient 3 DOA 4	THER: Nursing Home 5 Resident	-		
27. MANNER OF DEATH 1 Netural 6 Pending 2 Accident Investigation	28a. DATE OF INJU (Month, Day, Ye	RY 26b. TIME C INJUR	PF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW	INJURY OCCU	RED
3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJ building, etc.	URY — At home, farm, stre Specify)	et, factory, office	281. LOCATION (Stree City or Town, Stat		Rural Route Number,
(Oridon Drill)			it the time, date and place, and on the time, date and place, and on the time, death occured at			
29b. SIGNATURE AND TITLE OF CERTIFIE		1 old	29c. LICENSE		29d. DATE S	SIGNEO (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAUSE OF					
SUDHIR. D 31. DATE FILED (Month, Day, Year)		2600 SIGNATURE	dibuty He	Hole. B.	olls -	no, 21215

1 - FOR STATE REGISTRAR

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DIVISION OF VITAL RECORDS, P.O. I	
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	4. SOCIAL SECURITY I		10000	6. AGE (In yrs. los	t birthday) IF UNI WONTH	DER 1 YEAR B DAYS	IF UNDER 24 HRS, HOURS MIN.	7. DATE C	Day, Year)		RTHPLACE (State or Foreign NC
TOR	98. FACILITY NAME (N LC/4n d/) RESIDENCE OF	Memori	etreet and number)	17732			or Location of p			RINCE	E GEORGE
L DIRECTOR	10a, STATE	PRIA	ve bec			at	TION TUIT	e	110	o. CITIZEN O	10d. INSIDE CITY LIMITS? 1 1 YES 2 1 NO
FUNERAL	2105	BRIGH	HTON	ROM	۵		207	82		US	SA
84	11. MARITAL STATUS 1 Never Married 3 Widowed 4		12. WAS DECEDENT FORCES? 1 IF YES, GIVE W	YES 2 1	IMED 1	If yes, sp	CENDENT OF HISPA pecify Cuban, Mexic 8 2 NO Specif	an, Puerlo R		В	ACE — American Indian, Black, White, etc. Specify Black
PLETED		DECEDENT'S EDU Ily only highest grade lary (0-12)) (G	CEDENT'S USUAL live kind of work do Do NOT use retired litary	OCCUPATI ne during me d.)	ON ost of working	16b.	KIND OF BUSINE		
E COMP	17. FATHER'S NAME (FI Arthur B	ranch					16. MOTHER'S NA	ME (First, M	iddle, Melden Surr	lollid	lay
TO 8	190. INFORMANT'S NA William	ME (Type/Prim) Branch	Jr (Son)	19	2105 Bri	ess (Street ghtor	and Number or Flural	Route Numb	or City or Town, Si ille, Mo	2078	32
	20e METHOD OF DISP 1 Burlel 2 Cre 4 Donation 5	metion 3 - Rem	noval from State	of cemetary	and date of di crematory or othe ngton N	er place)	nal Cem.	7/1		ion – chy o	v Town, State
3	21. SIGNATURE OF FU	NERAL SERVICE LI	Smil	/			NO ADDRESS OF FA	J			Co., Inc.
	23. PART / Enter t shock, IMMEDIATE CAUSE disease or condition	or heart fallure. E (Finel	List only one cou	se on each line	B.		ode of dying, suc				Onset and
RTIFICATION	shock,	or heart failure. E (Finel on	a. Myo DOE TO DUE TO C.	se on each line	QUENCE OF):						Onset and
MEDICAL CERTIFICATION	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list of if any, leading to incause. Enter UNDE CAUSE (Disease on that initiated event resulting in death)	or heart failure. E (Finel on	a. Myo DOE TO DUE TO C.	CAVAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	QUENCE OF): OUENCE OF): OUENCE OF):	Sa	Adio	y o		TOPSY D?	interval Bet Onset and MINU 4 Y-CA 24b. WERE AUTOPSY FIN ANILABLE PRIOR TO COMPLETION OF CA OF DEATH?
MEDICAL C	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list of if any, leading to incause. Enter UNDE CAUSE (Disease on that initiated event resulting in death)	or heart failure. E (Finel on	a. Myo DUE TO DUE TO DUE TO DUE TO	CAVAL (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE death but not	QUENCE OF): OUENCE OF): resulting in the	Fa I	A DIC I	Part I.	24a. WAS AN AUTPERFORME 1 YES 2	TOPSY D?	Approximatinterval Bet Onset and I Min W Y CA I Y CA I Y CA I Y CA I Y COMPLETION OF CA OF DEATH? 1 YES 2 NO
PHYSICIAN: MEDICAL C	shock, IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list or if any, leading to incause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 XYES 2 \(\subseteq \) 27. MANNER OF DEATI	or heart failure. E (Finel on	a. MyO DOE TO DUE TO C. DUE TO d. HOSPITAL: 1 Inpatient 2 25e. DATE DF (Month, D.	CAPAI (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	QUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): Tesulting in the 28b. TIME OF INJURY	underlylr 26. F Wursing Ho 28c. IN 1 1	PLACE DF DEATH (C	Part I.	24a. WAS AN AUTPERFORME 1 YES 2	TOPSY D?	Interval Bet Onset and I M I N V 4 Y - Q I 24b. WERE AUTOPSY FIN AMILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
ETED BY PHYSICIAN: MEDICAL C	shock, IMMEDIATE CAUSE disease or conditive resulting in death) Sequentielly list or if any, leading to li cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other sign 25. WAS CASE REFERE EXAMINER? 1 YES 2 N 27. MANNER OF DEATI 1 Netural 2 Accident 3 Suicide 4 Homicide	or heart failure. E (Finel on ———————————————————————————————————	a. Myo DUE TO DUE TO	CAPAI (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE	QUENCE OF): OUENCE OF): OUENCE OF): resulting in the	underlylr 26. F Wursing Ho 28c. IN 1 1	PLACE DF DEATH (C	Part 1. B Other 286, DES	24a. WAS AN AUTPERFORME 1 YES 2 (V	TOPSY D?	interval Bet Onset and Min V 4 Y-CQ I 24b. WERE AUTOPSY FIN AMAILABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 No.
ETED BY PHYSICIAN: MEDICAL C	## Sequentielly list or if any, leading to in cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) ## PART II. Other sign in death ## PART	or heart failure. E (Finel on	a. MyO DOE TO DOE TO DUE TO C. DUE TO d. ns contributing to 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month, De 28e. PLACE DF (Month) DF (Mont	CAPAI (OR AS A CONSE (OR AS A CONSE (OR AS A CONSE (OR AS A C	QUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): Tesulting in the 28b, TIME OF INJURY Norme, farm, street,	underlyir 26. Fi Series 28c. IN 1	PLACE DF DEATH (C) JURY AT ORK? YES 2 NO	heck only on Part	24a. WAS AN AUTPERFORME 1 YES 2 (VIII) ATION (Street and or Town, State)	TOPSY D? NO IRY OCCURE! Number or Ru	interval Bet Onset and MINU 44. WERE AUTOPSY FIN ANALABLE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 Ni
ED BY PHYSICIAN: MEDICAL C	IMMEDIATE CAUSE disease or condition resulting in death) Sequentielly list or if any, leading to it cause. Enter UNDE CAUSE (Disease or that initiated event resulting in death) PART II. Other signal of the cause	or heart failure. E (Finel on	a. Myo DOE TO DOE TO DOE TO DOE TO DOE TO C. DUE TO d. No contributing to PROSPITAL: 1 Inputent 2 25e. DATE DF (Month, D) 25e. PLACE DI building, SICIAN: To the best of exercises.	CAVAL (OR AS A CONSE (OR AS	QUENCE OF): OUENCE OF): OUENCE OF): OUENCE OF): Tesulting in the 28b. TiME OF INJURY Nome, farm, street,	underlyir 26. Fi EFR: Nursing Ho 28c. IN 1	PLACE OF DEATH (COMPANY AT ORK? YES 2 ND No deeth occured at the send place, and du death occured at the send place)	heck only one B Other 28d. DES 28f. LOC. City of the cause of time, date	24a. WAS AN AUTPERFORME 1 YES 2 (VATION (Street and or Town, State) ase(a) and menner and place, and d	TOPSY D? NO JRY OCCURE! Number or Ru r as stated. ue to the ceu	interval Ber Onset and Monto VIII VIII VIII VIII VIII VIII VIII VI

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and instruction and in the control of

DHMH-16 Rev 1/89

	1 - STATE REGISTRAR	SIMIE UF		CERTIF					REC	G. NO.			
	1. DECEDENT'S NAME (First, Middle, Last)								2. DATE OF DE	ATN DA	,		. TIME OF DEATN
	William Barlow								7-5-			PAS	9:05 PM
	4. SOCIAL SECURITY NUMBER	8. SEX	8. AGE (In yrs	. last birthday)		R 1 YEAR	IF UNDER		7. DATE OF BIR	ITN Mari	8	BIRTNPL Country)	LACE (State or Foreign
	219-01-3046	1 XXM 2 □ F		74 YRS.	MONTHS	DAYS	HOURS	MIN.	Dec. I	9.1	916	Mai	ryland
	9e. FACILITY NAME (If not institution, give				9b. CIT	Y, TOWN	R LOCATI	ON OF DE			9c. COUNT	OF DEA	ATN
OR	827 MArtin	Road				Ess	ex				В	alti	imore
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNT	ry		100 CIT	Y, TOWN	OR LOCAT	TON.						Od. INSIDE CITY
E .	Md.	Balti	more	100.011	i, iowie		sse	Y					LIMITS?
	10e. STREET AND NUMBER						ZIP COD				10a CITIZE		AT COUNTRY?
HA.	827 Martin	Road				1.0		2122	21			JSA	AL COOKINI
FUNERAL	11. MARITAL STATUS	12. WAS DECEDE	NT EVER IN U.S.	ARMED	13.	WAS DEC			NIC ORIGIN? (Spe	cify Yee		. RACE -	- American Indian,
F	1 Never Merried 2 Nerried		1 XYES 2			If yes, sp		ın, Mexica	in, Puerto Rican,			Black, Specify:	White, atc.
ВУ	3 Widowed 4 Divorced					1 [] 120	a labito	opaon	,			проспу.	White
COMPLETED	15. DECEDENT'S ED (Specify only highest grad	UCATION le completed)	16e	DECEDENT'S				na	16b. KIND	OF BUS	INESS/INDU	TRY	
E	Elementary/Secondary (0-12)	College (1-4 or 5	+)	Ille. Do NOT u	se retired.)	ourning into	or or violati			-			
MP	8th			Shipy	ard-	-fit					eth :	stee	51
00	17. FATHER'S NAME (First, Middle, Last) Milton Barle	Ota					16. MOT		ME (First, Middle,		Surname)		
BE								_	na Krai				
0	190. INFORMANT'S NAME (Type/Print) Josephine Ba	rlow		827					Route Number, City Baltimo				2.7
				ACE OF DISPO						_			
	20a METNOD OF DISPOSITION 1 & Burlel 2 Cremetion 3 Rec	moval from State	office HC	DITY	Hill Hill	ame or ce	motery, crer	metory or			CATION — CI		
	4 Donation 8 Other (Specify)	ICENSEE		<u></u>	22	NAME A	ND ADDRE	SS OF FA	CILITY	- 1	ATCII	IOLE	PIU .
	13. 00	·	111		1					m = 3	ООМА	7071	re.21221
	Comelly)	unell	I M	ome)									/
	23. PART I. Enter the disease pr shock, pr heer to lure	Complications the List only one co	at caused the	line.	not ente	r the mo	de of dy	ing, suc	h aa cerdiec D	r reapl	ratory arre	it,	Approximate Interval Between
	IMMEDIATE CAUSE (Final												Onset and Death
	disesse or condition reaulting in death)		uamous			er -	Lung	g					15 month
		DUE T	O (OR AS A CO	NSEOUENCE C	OF):								
ON	Sequentially list conditions,	b	D (DR AS A CO	NSEDIJENCE D	· ·								
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DOE 1	o (DR AS A CO	NJEDUENCE D	, · · · · · · · · · · · · · · · · · · ·								
FIC	CAUSE (Disease or Injury that initiated events	c	O (DR AS A CO	NSEQUENCE D	F):								
E	resulting in desth) LAST												
S		u											
PHYSICIAN: MEDICAL	PART II. Other algnificent condition	one contributing t	o death but n	ot reaulting	In the u	inderlyin	g cause	given in		WAS AN PERFOR	AUTOPSY MED?	1	WERE AUTOPSY FINDINGS WAILABLE PRIOR TO
8									10	YES 2	□X NO		COMPLETION OF CAUSE OF DEATH?
M									_			1	1 YES 2 NO
ÿ													
5	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	-		OTHE		LACE OF C	DEATN (CA	neck only one)				
YS	1 TYES 2 THO	1 Inpetient 2		1		_		esidence	8 Other (Spec				
	27. MANNER OF DEATN 1 X Natural 8 Pending	28e. DATE ((Month,	Day, Year)	28b. TII	JURY	W	DRK?	7	26d. DESCRIBE	HOW	NJURY OCCU	RED	
BY	2 Accident Investigation		07 MI H 1994				YES 2 [NO					
6	3 Suicide 6 Could not be 4 Homicide determined	building	OF INJURY — A g, etc. (Specify)	At nome, term,	street, fac	ctory, offic			26f. LOCATION City or Town	(Street e	and Number o	Rural Ro	ute Number,
E	29a. CERTIFIER				_	_		_		-		-	
COMPLET	(Check only	SICIAN: To the best											
00	2 MEDICAL EXAMI		examination and	d/or investigati	on, In my	opinion,					d due to the	cause(a)	and menner as stated.
BE (29b. BIGNATURE AND TITLE OF CERTIFI	ER A					29c. LIC	ENSE NU	149				Month, Day, Year)
0	DO SHOWN	1)						_				8-9	
_	30. NAME AND ADDRESS OF PERSON W	SNOW	USE OF DEATH	(ITEM 27) (Typ	o, Print)	H	RAI	IFN	BILL	0.	BAL	7	MO 2/2/8
		0.4000	01	-		1 (. / 1 .			- 1	0.1-		WILL WILLIAM

1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

	REGISTRAR	CERTIFICA	ATE OF DEATH	REG. NO.		
	I. DECEDENT'S NAME (First, Middle, Last) IRENE PIANA BLUME	NTHAL		2. DATE OF DEATH	97	3. TIME OF DEATH 3. P M
	4. SÓCIÁL SECURITY NUMBER 041-20-6599 1 M 2 6. A	63 YAS. MON	UNDER 1 YEAR OF UNDER 24 HRS. ITHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	2 8 CO	ITHPLACE (State or Foreign
TOR	9a. FACILITY NAME (If not institution, give street and number) SINAT HOSPITAL RESIDENCE OF DECEDENT	9b.	BALTIMOR		9c. COUNTY OF	DEATH
DIRECTOR	10a. STATE 10b. COUNTY MARYLAND BALTIMORE		WINGS MILLS	X	Oal	10d. INSIDE CITY LIMITS? 1 4 YES 2 NO
FUNERAL	10. STREET AND NUMBER 10-B HIAWATAHA CT.		101. ZIP CODE 21117	30 N	10g. CITIZEN OF	F WHAT COUNTRY? A
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	ES 2 NO	13. WAS DECENDENT OF HISP If yee, specify Cuban, Mexi 1 YES 2 NO Spec	can, Puerto Rican, etc.)	Ble	NCE — American Indian, ack, White, atc.
0	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USU	AL OCCUPATION	16b. KIND OF BUS	SINESS/INOUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 6+)		done during most of working fred.) TICIAN	20	HAIR C	ARE
BE CON	17. FATHER'S NAME (First, Middle, Last) SAMUEL BLUMENTHAL			NAME (First, Middle, Maiden THER (UNKN		
TO B	19a. INFORMANT'S NAME (Type/Print)		ORESS (Street and Number or Rure			
ř	MRS. ELISE KINSTLER		MARK CT., APT.			
	20e. METHOD OF DISPOSITION 1	20b. PLACE AND DATE OF of cematary, crematory or of TTPEERTH T			CATION — City of	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	ian	22. NAME AND ADDRESS OF SOL LEVINS 6010 REISTER	ON & BROS.	INC.	
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Indury	A CONSEQUENCE OF):	sease			Interval Between Onset and Death France Morths
MEDICAL	PART II. Other significant conditions contributing to dea	1	he underlying ceuse given	in Part I. 244. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	N6:	26. PLACE OF DEATH	Check only one)		
SIC	1 VES 2 NO HOSPITAL:		THER: Nursing Home 5 Residence	e 6 Other (Specify)		
BY PH	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	URY 20b. TIME O INJURY	P 20c. INJURY AT WORK? 1 YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED	
	3 Suicide 6 Could not be determined 28s. PLACE OF IN. building, etc.	JURY — At home furth, st/e- (Specify)	, fectory, office	261. LOCATION (Street City or Town, State		ral Route Number,
COMPLET	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: On the best of my lone)					se(s) and manner as stated.
TO BE C	24h FROMAN THE AND TITTLE OF CENTIFIER 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF	F DEATH (ITEM 27) (Type Pr	29c. LICENSE P	NUMBER 3 829	29d. DATE SIGN	NED (Month, Day, Year)
	31. DATE FILED (Morith, Day, Your) 32. REGISTRAR'S	2. Balt	more 1	12-21	204	
	31. DATE PILEU (MONTH, Day, 1987) 32. HEGISTRAN'S				Ξ	

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FOR STATE REGISTRAR

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	1. DECEDENT'S NAME (First, Middle, Lest) BRUKIEW	1 . E	RNEST						2. DATE OF MONTH	DEATH	NY	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF (Month, E			Country	PLACE (State or Foreign
	216-42-5098		4	7 YRS.			OR LOCATI		5-27	-44		MAR'	YLAND
CTOR	9a. FACILITY NAME (If not institution, give						MORI				96. 000	NIT OF D	EATH.
2	CHURCH HOSP TRESIDENCE OF DECEDENT 100. STATE 10b. COUNT			10c, CIT	r, TOWN OR								10d. INSIDE CITY
DIME	MD			ВА	LTIM								1 YES 2 NO
RAL	100. STREET AND NUMBER 621 S. BELNORD	AVENUE					1224				US		/HAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1. Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDE FORCES?	NT EVER IN U.S. AF 1 YES 2 AF WAR OR DATES	RMED	H	yes, sp		ın, Mexici	NIC ORIGIN? (an, Puerto Ric fy:		or No-	Black Speci	— American Indien, t, White, stc.
PLETED	16. DECEDENT'S EDI (Specify only highest grad Elementary Secondary (0-12)	JCATION e completed) College (1-4 or 5	(G	the kind of v b. Do NOT us	USUAL OCC work done du te retired.)	iring mo	ON out of worki	ng	16b. K	IND OF BU	SINESS/IN	DUSTRY	
E COMPL	17. FATHER'S NAME (First, Middle, Lest) HERMAN BRUKIE	EWA						HER'S NA	AME (First, Mid		sumeme) NCZA		
TO B	190. INFORMANT'S NAME (Type/Print) MRS. GERALDINE	PARKS	19						Poute Number				47
	20a, METHOD OF DISPOSITION 1\(\subseteq\) Burial 2 \(\subseteq\) Cremation 3 \(\subseteq\) Rec	noval from State	20b. PLACE other pi SACR	OF OISPOS	SITION (Nam	e of ce	metery, cre	matory or	7-10 CEM.		CATION -		
	4 Donation 5 Other (Specify)	ICENSEE	SACK	בט ה					ACILITY FUN	1			. MD.
	(Haymous	(Xthree	unist	in									D. 21224
RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	e. Due T	PR DIO R O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	OUENCE O	F):				0				
뜅	PART II. Other significent condition	ona contributing	to death but not	resulting	in the unc	tertylr			n Part i,	24a. WAS AF		24b	WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO
: MEDICAL		RRHOEI	3 0		VIIIR					1 TYES	2 NO		OMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER	:			check only one				
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation		OF INJURY Day, Year)	28b. Till	ME OF JURY M	W	JURY AT YORK?	NO	G	HIBE HOW	PER	For	ATION
8	3 Suicide 8 Could not b 4 Homicide determined		OF INJURY — At h	ome, farm,	street, facto	ory, offi	Ice			FION (Street Town, State		er or Rural	Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PHY												(e) end menner sa stated.
TO BE C	296. SIGNATURE AND TITLE OF CATH	une u	y (1	M.L	· Bes 1	ON	29c LI	CENSE N	275°		29d. DA		D (Month, Day, Year)
F	7-44 600	PITAL	11601		Print)	un	11	Brate	LTO.	MD)	21:	231	
	31. DATE FICED (Mohin, Dey, Year) JUL 0 9 199	- 4	Davidson-A	andell									
		7											DUMM 40 Day

BALTIMORE, MARYLAND 21203-3146

	FOR STATE REGIST
-	1. DECEDENT
	4. SOCIAL SE
	215-0
I	9a, FACILITY
	FRANK
I	RESIDEN
N	10e. STATE
	MARYL

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR	The state of	CERTIFIC	ATE OF	DEATH	REG. NO.	- /	
	1. DECEDENT'S NAME (First, Middle, Last) Stanley	L.		SIDOR	- 8	2. DATE OF DEATH	y 9 ^{year}	3. TIME OF DEATH 10:00 A
	4. SOCIAL SECURITY NUMBER 215-09-4177	1 × M 2 🗆 F	7 9 rs.	F UNDER 1 YEAR DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6 - 19 - 12	M A	THPLACE (State or Foreign ntry) ARYLAND
TOR	98. FACILITY NAME (If not institution, give s FRANKLIN SQUARE RESIDENCE OF DECEDENT			b. CITY, TOWN O	R LOCATION OF DE	ATH	9c. COUNTY OF Ba	ltimore
DIREC	MARYLAND 106. COUNTY	4		TOWN OR LOCATI	ON			10d. INSIDE CITY LIMITS? 1 X YES 2 NO
ERAL	100. STREET AND NUMBER 925 ELTON AVENU	JE	•	101.	21224		10g. CITIZEN OF	WHAT COUNTRY?
BY FUNERAL DIRECTOR	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 (\nabla \ho)	If yes, spe		IC ORIGIN? (Specify Year, Puerto Rican, atc.)	Sp	CE — American Indian, ack, White, atc. acity: JHITE
COMPLETED	18. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wor life. Do NOT use of PACKIN	k done during mos etired.)	t of working	16b. KIND OF BU	SINESS/INDUSTRY	
COM	17. FATHER'S NAME (First, Middle, Last) JOHN SIDOR		THERT	d MACI		ME (First, Middle, Melden	Surname)	
) BE	19a. INFORMANT'S NAME (Type/Print)	3	19b. MAILING A	DDRESS (Street a		Route Number, City or Tox	m, State, Zip Code)	o.
2		SIDOR				BALTO. MI		
	20a. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 Ram 4 Donation 6 Other (Specify)	oval from State	20b. PLACE OF DISPOSIT other place) ST. STAN	SLAUS	CEMETE	7-1 RY BATLO	CITY	
	21. BIGNATURE OF FUNERAL SERVICE LIC	ENSIE	acorb')	KACZO	ROWSKI	FUNERAL ST. BALTO	HOME	
NOI	IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditione,	e. ATRIA DUE TO (OR A	FIBRILLA S A CONSEQUENCE OF): ate Cancer IS A CONSEQUENCE OF):					Interval Between Onset and Death
CAT	If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	<u>Pneum</u>						
CERTIFICATION	that initiated events resulting in deeth) LAST		nary Embol				. 8	
PHYSICIAN: MEDICAL C	PART II. Other algolificant condition Gastrointest	_	3	the underlying	g cause given in	Part I. 24a. WAS AI PERFO	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		-	ACE OF DEATH (Ch	eck only one)		
IXSI	1 YES 2 NO	1 Inpatient 2 ER/0	Outpatient 3 DOA 4	☐ Nursing Hom		6 Other (Specify) 26d. DESCRIBE HOW	INJURY OCCURED	
BY P	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Ye		RY WO	RK? /ES 2 NO	1		
	3 Suicide 6 Could not be 4 Homicide datarmined	26s. PLACE OF INJ building, atc. (URY — At home, farm, str Specify)	eet, factory, offic		261. LOCATION (Street City or Town, State		ral Route Number,
COMPLETED	(Check only	HCIAN: To the best of my k			7-11-17			se(s) and manner as stated.
96	29b. SIGNATURE AND TITLE OF CERTIFIE	R ((John		29c. LICENSE NUI	MBER	29d. DATE SIGN	NED (Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WI Dr., Gilbert Desm	angles, MD.	9000 Fra		quare Dr	ive Balt	imore, M	D 212 3 7
	31. DATE FILED (Month) Day, Year 991		Handall Mandall					

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FOR

1. DECEDENT'S NAME (First, Mick MARY LOUISE B								JUI	TE OF DEATH	19	91	YEAR	3. TIME OF DEATH 10:45 A
4. SOCIAL SECURITY NUMBER	5. SEX		in yrs. lest birthday) YRS.	IF UNDER	R 1 YEAR	IF UNDER	24 HRS.	7. DAT	E OF BIRTH	l er)		Coun	HPLACE (State or For
214-18-2884	1 🗆 M 2 🔀	, ,	3 YHS.						N. 18	,19			RYLAND
90. FACILITY NAME (If not institut 5115 EUGENE	AVE.				BALT			EATH			9c. COU	NTY OF	DEATH —
RESIDENCE OF DECED	ENT . COUNTY		I 100 CI	TY, TOWN (OPLOCAT	CIONI							10d, INSIDE CITY
MARYLAND			100.01		LTIM								LIMITS?
10s. STREET AND NUMBER					100	. ZIP COD	E				10g. CIT	IZEN OF	WHAT COUNTRY?
5115 EUGENE	AVENUE					212	06				U.	. S.	Α.
11. MARITAL STATUS 1 Never Married 2 XXMarr 3 Widowed 4 Divorced	ried FORCES?	DENT EVER IN 1 YES VE WAR OR DA	2XXNO	- 2	If yes, sp		n, Mexica	n, Puert	GIN? (Specifi to Rican, etc.		or No	Blac	CE — American India ck, White, etc.
(Specify only high	NT'S EDUCATION heat grade completed)		16a. DECEDENT'S (Give kind of life. Do NOT a	work done	during mo		ng	1	8b. KIND OF	BUSH	NESS/INI	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 e	or 5+)		OMEMA					OWN	HO	ME		
17. FATHER'S NAME (First, Middle			11	OLIBER	TITIL	18. MOT	HER'S NA	ME (El-	t, Middle, Ma				
JOHN S. Sparr									ANNA (3	
19a. INFORMANT'S NAME (Type/			19b. MAILIN	G ADDRES	S (Street o								
M. LOUISE MAN	•	HTER							ORE, 1			,	21214
			PLACE OF DISPO				40.00	T TT.16		_		_	Town, State
20a. METHOD OF DISPOSITION 1 M Buriel 2 □ Cremation	3 - Removal from State	00	other place)	EMETI		riolory, Grai	matory or		- 1				MD.
4 Donation 5 Other (Spe	icify)	UA	INLIAMIN C.		DICT.					7234	7 777	وتلكلال	TID.
4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART 1. Enter the diees shock, or heer! IMMEDIATE CAUSE (Final disease or condition	see, or complications fellure. List only one	thet caused couse on e	I the death. Do	not enter	SCHII 3331 or the mo	MUNE! BRE!	K FUI HMS I	NERA LANI	AL HONE, BAI	MES LTI	, IN	NC. E, M	D. 21213 Approximatinterval B. Onset end
4 Donation 5 Other (Special Signature of Funeral Section 21. Signature of Funeral Section 23. PART I. Enter the diese shock, or heer IMMEDIATE CAUSE (Final	see, or complications fellure. List only one	thet caused course on ed	I the death. Do	not enter	SCHII 3331 or the mo	MUNE! BRE!	K FUI HMS I	NERA LANI	AL HONE, BAI	MES LTI	, IN	NC. E, M	D. 21213 Approxime
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23. PART I. Enter the diees shock, or heert idsees or condition resulting in death) Sequentielly liet conditions if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disees or injury that initiated events resulting in death) LAST	see, or complications fellure. List only one s	thet csused couse on ed	the death Do sech line. Static CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (not enter	NAME AI SCHII 3331 or the mo	MUNE: BREI de of dy	K FUI HMS I	LANI LANI LANI LANI LANI LANI LANI LANI	AL HONE, BAT PER 1 UNITED NO. 1	MES LTI respiration	MORI	NC. E, M	D. 21213 Approximatinerval Banderval
4 Donation 5 Other (Spe 21. SIGNATURE OF FUNERAL SE 23. PART I. Enter the diese shock, or heart IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly liet conditions if eny, leading to immediate cause. Enter UNDERLY/ING CAUSE (Disease or injury that initiated events resulting in death) LAST	see, or complications fellure. Zist only one s	thet caused course on ecceuse on	the death Do sech line. Static CONSEQUENCE (CONSEQUENCE (CONSEQUENCE (not enter	NAME AND SCHILL S	MUNE: BREI de of dy / / / / / / / / / / / / / / / / / /	given in	LANII ANII ANII ANII ANII ANII ANII ANII	AL HONE, BAT PER 1 UNITED NO. 1	MES LTI respiration	MORI	NC. E, M	D. 21213 Approximatinerval Banderval
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23. PART I. Enter the diees shock, or heer ideses or condition resulting in death) Sequentielly flet conditions if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent of EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen 2 Accident Inve	see, or complications fellure. List only one s	thet caused course on each course on each course on each course to (or as a set of the course of the	the death Do sech line. Static CONSEQUENCE CONSEQUENC	DOF): OF): OF): OF): OF): ME OF NUMPY M	INAME AIR SCHIII 3331 In the model of the mo	MUNE: BREI ode of dy	given in	LANILLANI LANILLANI LANILLANI LANILLANI LANILLANI LANILLANI LANILLANI LANILLANI LANILLANIL	24a, WALL HONE, BAT PER 1 YOUR YORK YORK YORK YORK YORK YORK YORK YOR	MES LTI TESPITATION SANA REFORE ES 2	MORI MORI atory or	NC. E, M reet,	D. 21213 Approximatinerval Banderval
23. PART I. Enter the diees shock, or heert immediate cause or condition resulting in death) Sequentielly liet conditions if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) 25. WAS CASE REFERRED TO MEXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pen EXAMINER? 2 Accident 3 Suicide 6 Coudition of Certifier (Check only 1 CERTIFY)	see, or complications fellure. List only one s	thet caused course on each course on each course on each course on each course of the eac	the death Do ech line. SFA 6.6 CONSEQUENCE CONSEQUENC	not enter OF): OF): OF): OTHE 4 Nu ME OF NJURY M, street, fec	NAME AN SCHIII 3331 or the model of the mode	MUNE: BREI de of dy , , g cause LACE OF DRK? YES 2	given in	NERALANII has color all all all all all all all all all al	24a. WANDER OF THE PER CANADA (SOLD) CAUGE (MES LTI respiration SANA ARFORM ES 2	MORI MORI story or MED? NO	NC. E, M reet, 24	Approximinterval B. Onset end A. G. T. Ab. WERE AUTOPSY F. AMILABLE PRIOR COMPLETION OF COF DEATH? 1 YES 2 1

TO THE FUNERAL DIRECTOR: After this certificate has been certificate be executed within 2-hours after death. Page 6 may be retained by the hospital or attending physical filed within 72 hours after death with the State Dept. of Health and Mental Hydiene prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

BALTIMORE, MARYLAND 21203-3146

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I HE TO SET ALTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physic) HE WAS After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buria	3	PRODUCENT: It from 28 to marked or litern 23 chouse any injury or other fraumatic event the medical examiner must be notified at once
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	1 - STATE REGISTRAR	STATE OF MARYL		TMENT OF		MENTAL	HYGIEN REG. NO.	E		0002
1	1. DECEDENT'S NAME (First, Middle, Last	LAWRENCE	CHINI	7		2. DATE O	F DEATH	7 91	3. 1	ME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE O	F BIRTH Day, Year),	8.	BIRTHPLAC Country)	CE (State or Foreign
	401-03-0332	1 M 2 🗆 F	YRS.	MONTHS DAYS	HOURS MIN.	4	22/1		entu	icky
	Se. FACILITY NAME (If not institution, give	street and number)			OR LOCATION OF O	EATH		9c. COUNTY		0.1
DIRECTOR	RESIDENCE OF DECEDENT	ital			timore			Bal	timo	
H	10a. STATE 10b. COUN	TY		Y, TOWN OR LOC					10d	. INSIDE CITY LIMITS?
	Maryland		Ва	ltimo					- 4	YES 2 NO
RAI	10e. STREET AND NUMBER			1	Of. ZIP CODE			10g. CITIZE	OF WHAT	COUNTRY?
BY FUNERAL	904 North Ben 11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 (X) YES IF YES, GIVE WAR OR I	IN U.S. ARMED 2 NO DATES	If yes, i	21216 ECENDENT OF HISPA specify Cuban, Mexic S 2 \(\text{NO} \) NO Speci	an, Puerto Ri		or No 14	Specify:	A. American Indian, lita, etc. Black
	15. DECEDENT'S ED (Specify only highest gra		16a. DECEDENT'S	USUAL OCCUPAT	TION nost of working	16b.	KIND OF BUS	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		work done during r se retired.)						
MP	High School		Cler	k					urit	y Admin
	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N.					
BE	Samuel Chinn 19a. INFORMANT'S NAME (Type/Print)			4000000	Carr					
2	Laura Whitfie	1.4			and Number or Rural					MD 2120
1	20a, METHOD OF DISPOSITION		Db. PLACE AND DATE					CATION - CR		MD 21207
	1 N Buriel 2 Cremation 3 Re 4 Donation 8 Other (Specify)	movel from State	cemetary, crematory Baltimor	or other placel		1				Maryland
	21. SIGNATURE OF FUNERAL SERVICE		bal CIMOL		ANO ADDRESS OF F	ACILITY N	111++0	r Fune	aral	Homes
	> Hebert &	nutter		2501 Ball	l Gwynns imore,	Fal	1s P	arkwa	Y	nomes
EDICAL CERTIFICATION	Sequentially liat conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS		ค: ค:	ing cause given le	n Part I.	24a. WAS AN PERFOI	RMED?	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO MPLETION OF CAUSE DEATH?
ME									10	YES 2 NO
N.										
10	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C	heck only one	9)	-		
PHYSICIAN: MEDI	1 YES 2 NO	1 Inpatient 2 ER/Ou 28s. DATE OF INJURY			ome 6 Residence	_		INJURY OCCU	DEO.	
	1 Netural 5 Pending	(Month, Day, Year)	200. TH	JURY	WORK?	28G. DE\$	CHIBE HOW	INJURY OCCU	KEU	
ED BY	2 Accident Investigatio 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJUR building, etc. (Sp	RY — A1 home, ferm, ec/fy)				ATION (Street or Town, State)	and Number or	Rurel Route	Number,
COMPLETED	29a. CERTIFIER (Check only	YSICIAN: To the best of my kno								d manner as stated.
ECC	29b. SIGNATURE AND TITLE OF CERTIF	TER			29c. LICENSE N	IMBER	-	29d. DATE S	SIGNED (Mo	onth, Day, Year)
0	A Chuna	MD DY	24 - 1					>	1,52	191
5		who completed cause of a		time	1 . P	40	6	lais	5	
	31. DATE FILED (Month, Day, Year)	Achia Davidson	Mandelle		,					

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DIVISION OF VITAL BECORDS, P.	2	日母
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN. TO THE HOSPITAL OF ATTENDING PHYSICIAN.	TO THE FUNERAL DIRECTOR: After this certification and the filed within 72 hours after death with the Standard Commental H.
	F	FB

	REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CERTIFIC	CATE OF	DEATH	2. DATE OF	REG. NO.	3.70	ME OF DEATH
	Adel1	М.	Col	bbs		MONTH	5, 1991	CAD	9:50am
	4. SOCIAL SECURITY NUMBER 239 - 28 - 2398	1 1	GE (In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF 8 (Month, De 03 - 2	BIRTH 0.	Country)	E (State or Foreign
IOR	96. FACILITY NAME (If not Institution, give street and number) Maryland General Hospital 96. CTY, TOWN OR LOCATION OF DEATH Baltimore City								
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE MD 10b. COUNT	Y	E, CIT	Y 10d. INSIDE CITY LIMITS? 1X X YES 2 \(\text{NO} \) NO					
FUNERAL	100. STREET AND NUMBER 2121 WINDSO	R GARDEN	LANE	101	21207	J. iie	10g. CITIZE	U.S	
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 1	ES 2 NO	if yes, sp	ecity Cuben, Maxica 2/ NO Specif	n, Puerto Rice		Specify:	merican Indian, ite, atc.
PLETED	15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 5 t h		16a. DECEDENT'S U (Give kind of wo iife. Do NOT use	ISUAL OCCUPATH ork done during mo retired.)	ON st of working	16b. KIN	ND OF BUSINESS/INDUS		W. ALA
COMPL	17. FATHER'S NAME (First, Middle, Last)					THE PARTY OF THE P	lle, Malden Surname)		
BE	ISAAC BARN	ES			MARY	LEE	VINES		
2	190. INFORMANT'S NAME (Type/Print) ANNIE BRYAN	TIVEY					City or Town, State, Zip Ci LTIMORE,		21213
	20a. METHOD OF DISPOSITION A Burlal 2 Cremation 3 Res		20b. PLACE AND DATE	OF DISPOSITION	(Name	OATE	20c. LOCATION — CH		
	ALA Burial 2 Cremation 3 Res	novel from State	WOODLAWN	CEMETE	RY	,	WOODLAWN	J,_ MD.	,
	21. SIGNATURE OF FUNERAL SERVICE L	CENSEE			ND ADDRESS OF FA		1101 E.	NOR	TH AVE.
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR b DUE TO (OR c	Catic carci AS A CONSEQUENCE OF AS A CONSEQUENCE OF):	the bre	ast		4-1	
: MEDICAL CE	PART II. Other significent condition Deep verificent condition Seizure	in thrombos					PERFORMEO?	AWAI CON OF I	E AUTOPSY FINDING LABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 \(\subseteq \text{ NO} \)
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 23 NO	HOSPITAL:		OTHER:	LACE OF OEATH (C		inecify)		
ву Рну	27. MANNER OF DEATH 1 XNetural 5 Pending	26a. DATE OF INJU (Month, Day, Y	JRY 28b. TIME	OF 26c. IN.	JURY AT ORK? YES 2 NO		IBE HOW INJURY OCCU	RED	0 5
ETED B	2 Accident Investigation 3 Suicide 6 Could not be determined 28e. PLACE OF INJURY — Al home, farm, street, factory, office building, etc. (Specify) 28e. PLACE OF INJURY — Al home, farm, street, factory, office City or Town, State)							Number,	
COMPLE	CONTROL ONLY	SICIAN: To the best of my							I manner se stated
TO BE C	29b. SIGNATURE AND SITLE OF CERTIFIC	khml			29c. LICENSE NU n/a		29d. DATE	SIGNED (Mor	7/5/91
-	30. NAME AND ADDRESS OF PERSON W Charanji	t Shikh, M.	D.		yland Ge	neral	hsopital	1	
	JUL 09 199	32 AEGISTRAT'S	SIGNATURE DANGER					6.1	

HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

HOSPIMAL

31. DATE NILED (Month, Day, Year)

DEPT.

Julia Savidson

32. REGISTRAR'S SIGNATURE

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	1, 2,			
1	Pages			
4	thed for use as the burlal-transit permit.			
	IR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burital-transly permit. Pages 1, 2, 3 should	ter death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	RPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
	THE FUNERAL DIRECTOR: After	filed within 72 hours after death w	VT: If Item 2	
	THE FUR	filed with	PORTA	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH 2. DATE OF DEATH 3. TIME OF DEATH 2336 1. DECEDENT'S NAME (First, Middle, Last) COHEN MOSES 6. AGE (In yrs. last birthday) 4 SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 1 X M 2 - F DAYS HOURS 12/23/1904 212-22-8420 86 MARYLAND 9e. FACILITY NAME (If not institution, give street and number, 9b. CITY. TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR SINAI HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION MARYLAND BALTIMORE BALTIMORE 1 YES 2 NO 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 7808 SEVEN MILE LA. 21208 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuben, Mexican, Puerto Rican, etc.) 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ YES 2 ☑ NO IF YES, GIVE WAR OR DATES 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merrie 3 Widowed 4 Utilvorced 1 YES XX NO WHITE Specify: BY COMPLETED 16e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe College (1-4 or 5+) Elementary/Secondery (0-12) 5+ ATTORNEY AT LAW 17. FATHER'S NAME (First, Middle, Lest) 16. MOTHER'S NAME (First, Middle, Malden Surname, JULIUS COHEN IDA SAVETMAN 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) MRS. FRANCES G. COHEN 7808 SEVEN MILE LA. BALTIMORE, MD 20c. LOCATION — City or Town, State METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Nama DATE Burlel 2 Cremation 3 Re Donation 5 Other (Specify) BETH EL MEMORIAL PARK 7/8/91 RANDALLSTOWN, MD 21 SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD 22. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, Approximate shock, or heart failure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Final KENAL FAILURE disease or condition ACUTE 2 WSON resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 5Yes CIRRIHOSIS CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate cause. Enter UNDERLYING HEART YES. CONCESTIVE CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST Prismonia, SEPJIJ IWEEK PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 YES 2 YO npetient 2 - ER/Outpatient 3 - DOA ng Home 5 - Rasidence 6 - Other (Specify) 4 - Nursi 27, MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 284. DESCRIBE HOW INJURY OCCURED 28b. TIME OF 28c. INJURY AT WORK? 1 Natural
2 Accident 5 Pending Investigation 1 YES 2 NO BY 28a. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be determined COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated.

MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, date end place, end due to the cause(e). 29c. LICENSE NUMBER BE 91 16

OF SURCERY BALTIMORE, MD, 21214

TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH	AND MENTAL HYGIENI
CERTIFICATE OF DEA	TH REG. NO.

1 - STATE REGISTRAR	STATE OF MARY		TMENT OF H		MENTAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, La	, che	(In yrs. lest birthday)	rles (an	itz Jr.	2. DATE OF DEATH DAY 7 / 8		6 COA IN M
217-03-9435 Sa. FACILITY NAME (If not institution, gi		72 YRS.	9b. CITY, TOWN	HOURS MIN.	(Morth, Day, Year) 12 05 18	9c. COUNTY OF	Md.
Francis Scott K	ey Medical (e		Baltin				
10a. STATE 10b. COU	INTY	10c. CIT	Baltino				10d. INSIDE CITY LIMITS? 1 YES 2 NO
3729 Foster A	venue		10	21224		U.S.	F WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 VE IF YES, GIVE WAR OR	8 2 NO	If yes, ap		NIC ORIGIN? (Specify Yea on, Puarto Rican, etc.) y:	В	ACE American Indian, lack, White, etc. pecify: White
15. DECEDENT'S (Specify only highest g		(Give kind of Ille. Do NOT u	USUAL OCCUPATI work done during mo se retired.)		166. KIND OF BUSI		ta/Bechtel (
17. FATHER'S NAME (First, Middle, Last) (harles (anitz				Cloth	ME (First, Middle, Melden S ilda Lense		
19a. INFORMANT'S NAME (Typo/Print) Gentrude E. Can	itz	3729			to., Md. 212	24	
20a, METHOD OF DISPOSITION 1 M Burial 2 Cremation 3 5 4 Donation 6 Other (Specify)		Ob. PLACE AND DAT of constagy, cremator, Oak Law	or other place)	ry 7	-11-91 Eas	ation - city o	Md.
21. SIGNATURE OF FUNERAL SERVICE	D. Zule		(harl	nd address of fi	Ler & Son S	nc. (o)	1 S. nkling St.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions,	Th. 6	S A CONSEQUENCE O					Interval Betwee Onset and Dest
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE (
PART II. Other algnificent cond	itions contributing to death	but not reculting	in the underlyli	ng ceuee given in	Pert I. 24a. WAS AN PERFOR	MED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	PLACE OF DEATH (C			
1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigat	1 Inpatient 2 ER/O 20a. DATE OF INJUR (Month, Day, Yea	Y 28b, Til	ME OF 28c, IN	me 5 Residence JURY AT ORK? YES 2 NO	8 Other (Specify) 284. DESCRIBE HOW IN	JURY OCCURE	0
2 Accident Investigat 3 Suicide 6 Could not 4 Homicide datarmine	28e. PLACE OF INJU	RY At home, farm, pecify)	street, factory, offi	се	26f. LOCATION (Street a City or Town, State)	nd Number or Ru	ral Route Number,
CONSTRUCTION OF THE PROPERTY O	HYSICIAN: To the best of my kn						se(a) and manner as stated.
29b. SIGNATURE AND TITLE OF CERT	us (m. 0			29c. LICENSE NO	MBER 7921	29d. DATE SIG	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON							
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI		vidan Pm	AND T			

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Control I what is below in the

FOR STATE REGISTRAR	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
	DOUGH AG GARGETTIAG	

1 - STATE REGISTRAR	SIAIE OF MARY	CERTIFIC			MENIAL HYGIEI REG. NO		
1. DECEDENT'S NAME (First, Middle, Last	+ CARSTZ	M. Done	LAS CA	RSTENS	2. DATE OF DEATH	1991	3. TIME OF DEATH 5 47 pm
4. SOCIAL SECURITY NUMBER 218 -62-0483			IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	5.3	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, give McCRendy RESIDENCE OF DECEDENT 10a. STATE 10b. COUN Md	Hospital		RIST	GR LOCATION GF D	Md.		erset Ce.
10a. STATE 10b. COUN	iry enhanter		TOWN GR LOCA	TION	11		10d. INSIDE CITY LIMITS?
100. STREET AND NUMBER 302 W. Federa 11. MARITAL STATUS	1 St	152	10 H1	1. ZIP CODE	(.3	10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FGRCES? 1 YES IF YES, GIVE WAR OR	2 □ NÓ	If yes, s	CENDENT OF HISPA Hecity Cuban, Mexico 3 2 ANO Specia	NIC ORIGIN? (Specify Year, Puerto Ricen, atc.)		I. RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S ET (Specify only highest grant programme (Specify only highest grant programme) (9-12) 17. FATHER'S NAME (First, Middle, Last)		Ille. Do NOT use	rk done during m	ost of working	166, KIND OF B	USINESS/INDUS	
17. FATHER'S NAME (First, Middle, Last) Howard L	PARSTENS)		ME (First, Middle, Melde		
Mr. Howard L. C	arstens		ame as		Route Number, City or To	wn, State, Zip Co	ode)
20a. METHOD OF DISPOSITION 1 ☑ Burlal 2 ☒ Cremation 3 ☐ Re	omoval from State	06. PLACE OF DISPOSIT	TIGN (Name of co	metery, crematory or			ry or Town, State RE. Md.
4 Donetion 6 Other (Specify)	DICENSEE Paul L. H	artsock, Jr.	22. NAME /	ND ADDRESS OF FA	CILITY Balt	imore,	IArford Rd.
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF) A CONSEQUENCE OF)	EYNDR	l l			Onset and Da
	ona contributing to death		tha underlyle	g cause given in	Part I. 24a. WAS A PERFO	AN AUTOPSY GRMED? 2 NG	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:		OTHER:	LACE OF DEATH (C			
	28a. DATE OF INJURY (Month, Day, Year,	7 28b. TIME	OF 28c. IN	JURY AT ORK? YES 2 NO	6 Other (Specify) 28d. DESCRIBE HOY	LINDURY OCCU	RED
	28e. PLACE OF INJUI	RY — At home, farm, streedfy)	reet, factory, off	C0 /	281. LOCATION (Stree City or Town, Ste	et and Number or te)	r Rural Route Number,
(Orlock Orly)	YSICIAN: To the best of my kno						I. cause(a) and manner as stated
296. SIGNATURE AND TITLE GE CERTIF	an m			29c. LICENSE NU	MBER 15		SIGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON OF BURTO				317			
31. DATE FILED (Month, Dely, Year)	32. REGISTRAR'S SIG	GNATURE	90				

DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL DR ATTENDING THE NATION OF WIT THE NATIONAL DIRECTOR. At the law requires that the death certificate be executed within 24 hor TO THE FUNERAL DIRECTOR. At the file of the attending physician and completely filled be filed within 72 hours after death wine. The State Dept. of Health and Mental Hygiene prior to burial, cremation, of IMPORTANT. If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the management of the property

AL DR A LENDIN THE LAW FEQUITES THAT THE UPGATE OF COCCUEN WITHIN 24 HOURS ARE DEATH, 1798 O THAY DE FEMALE OF ATTENDING PRYSICIAN.	AL DIRECTOR: Att with the principle has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, Pages 1, 2, 3 should	and Mental Hygiene prior to burial, cremation, or removal.	if item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
icate be executed w	physician and comp	ne prior to burial, cr	er traumatic eve
at the beath ceru	by the attending	and Mental Hygie	iv injury, or oth
ne iaw requires to	has been signed	Dept. of Health	n 23 shows at
G-MODICIAN II	The difficate	ith with the State	narked, or iter
DR ALIENDIN	DIRECTOR: Affile	hours after deal	item 28 is m
₹	A	2	=

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)	CERT	IFICAT	E OF	DEATH	2 DATE OF	REG. NO.		3, TIME OF DEATH
FRANCES	L	1.	CARI	R		June	28 , ~199	1 YEAR	1:30 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birtho	MONTH	ER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	ay, Year)	Count	
234-20-9900	1 🗌 M 2 💢 F	68 YF					24,19		
90. FACILITY NAME (If not institution, give Memorial Hospita					or Location of D	PEATN		ounty of the last	
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN	TY	the	CITY, TOW	I OR LOCA	TION			-	10d. INSIDE CITY
W.Va.	Mineral			Key	ser				LIMITS?
10e. STREET AND NUMBER 163 Center	Street			10	26726		10g. (US	what country? A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed & Divorced		TEVER IN U.S. ARMED YES 2 NO AR OR DATES	1	If yes, s	CENDENT OF NISPA Decity Cubert, Mexic S 2 X NO Speci	an, Puerto Rici		- 14. RAC Blac Spec	E — American Indian, ik, White, etc. in: White
15. DECEDENT'S ED (Specify only highest gra	UCATION de completed)	18e. DECEDE	NT'S USUAL	OCCUPAT	ON ost of working	16b. KI	ND OF BUSINESS	INDUSTRY	
Elementary/Secondary (0-12) 7 th	College (1-4 or 5 +) Iffe. Do N	Homema	1.)	oct of Montally			Own	Home
17. FATNER'S NAME (First, Middle, Last)					18. MOTNER'S N	AME (First, Mide	dle, Maiden Surnam	e)	
Homer C.	Bishop				011	lie A	. Tayl	or	
19e. INFORMANT'S NAME (Type/Print)			LING ADDRE	SS (Street	end Number or Rura				
Melva L. Duckwo	rth	16	63 Ce	nter	Street	Key	ser, W.	Va.	26726
20e. METHOD OF DISPOSITION 1 🏋 Burlal 2 🗆 Cremation 3 🗆 Re 4 🗎 Donation 5 🗀 Other (Specify)	moval from State	20b. PLACE AND of cemetary, crem Queen			Cemetery	6/30/91	Zoc. LOCATION	- City or Ter, W.	
23. PART I. Enter the diseases, o	Tomplications that	caused the death.			ick Fune		ne Key	ser,	in Street W.Va. 26
shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death)		elastion (OR AS A CONSEQUENCE	el s	5508	RE Chi	?onic	Brow	cent	, Interval Betwoen and D
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO	(OR AS A CONSEQUENC	CE OF):	3					
PART II. Other significant conditi	ons contributing to	death but not result	ing in tha	undarlyi	ng cause given l	n Part I. 2	ta. WAS AN AUTOP	SY 24	b. WERE AUTOPSY FIND
						_ 1	PERFORMED?		AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF DEATH (C	Check only one)			
EXAMINER?	HOSPITAL:	ER/Outpatient 3 D	OA 4 1		me 8 🗆 Reeldence	8 🗆 Other (5	Specify)		
27. MANNER OF DEATN 1 Natural 5 Pending Investigation	28e. DATE OF (Month, D	INJURY 288 lay, Year)	TIME OF INJURY	W	JURY AT PORK? YES 2 NO	28d. DESC	AIBE HOW INJURY	OCCURED	1 200
2 Accident Investigation 3 Suicide 8 Could not 2 4 Homicide determined	28e. PLACE O	F INJURY — At home, for etc. (Specify)	arm, street, 1	factory, off	ice		ION (Street end Nur Town, State)	mber or Rural	Route Number,
(Orlean orly	Property and the second	my knowledge, death o							(s) and manner as stat
29b, SIGNATURE AND TITLE OF CERTIF	2	agi	w		D 3548	31	29d.	DATE SIGNE	D (Month, Day, Year)
Dr. Mark Sagin	Memorial	E Hospital	Cumb	erla:	nd, MD 2	1502			
31. DATE FILED (Month, Day, Year) JUL 0 9 199		By SIGNATURE	Less						

FOR STATE REGISTRAR

	1. DECEOENT'S NAME (First, Middle, Last)	Norah V. Ca	noppor)		2. DATE OF DEATH DATE OF DEATH	AY QYEAR	3. TIME OF GEATH
	4 SOCIAL SECURITY NUMBER 218-60-1919	- h . 19	(In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. OATE OF BIRTH (Month, Day, Year) 05-25-192	Cour	TNPLACE (State or Foreign nitry) Md
TOR	9a. FACILITY NAME (If not institution, give a Harbor Hospital RESIDENCE OF DECEDENT			Baltimore City Soc. COUNTY OF CEATH Baltimore City Baltimore City				
DIRECTOR	10e. STATE 10b. COUNT	timore City		, TOWN OR LOCA 1 Timore				16d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL	100. STREET AND NUMBER 4229 Audrey Avei			10	101. ZIP CODE 10g. CITIZEN 21225 U.S			WHAT COUNTRY?
BY FUI	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR C	2 LXNO	If yes, sp		IIC ORIGIN? (Specify Yearn, Puerto Rican, etc.)	Bla	CE — American Indian, lick, Whita, etc. ecity: White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		Iffe. Do NOT us	vork done during mo e retired.)	ON ost of working	14 (125)	SINESS/INDUSTRY	MILLE
MP G	8th Grade 17. FATHER'S NAME (First, Middle, Last)		<u>Homema</u>	ker	La Mariana III	Domest		
		lofforces				ME (First, Middle, Meiden lizabeth K		
BE	William Franklii 19a. INFORMANT'S NAME (Type/Print)	1 Jerrerson	19b. MAILING	ADDRESS (Street		Poute Number, City or Tow		
D 10	Elizabeth F. Co		4229	Audrey	Ave. B	altimore.	Md. 2122	
1906	20a. METHOD OF DISPOSITION 1		cemetary, crematory	or other place)		-5-91 C	ecation — City or	
examiner	James F. Had	ckman Jr.	8.	22. NAME A	ND ADDRESS OF FA	McCull	y Funera	1 Home , Md. 21225
event, me meuical	23. PART I. Enter the diseases, or		ech line.			h es cardiec or resp	iratory srreat,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leeding to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	С	A CONSEQUENCE OF		to Co	PD.		
MEDICAL CE	PART II. Other algnificent condition	ns contributing to death			g cause given in	\ PERFO	AMED2	4b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
100								1 TES 2 NO
IYSICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. P	LACE OF DEATH (Ch	eck only one)		
	1 YES 2 DND 27. MANNER OF CEATN	1 Inpatient 2 ER/Our 28a. DATE OF INJURY		4 - Nursing Hor	JURY AT	8 Other (Specify) 28d. DESCRIBE NOW	INTITIBA OCCUBED	
Z8 IS marked, FED BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJ	M 1	YES 2 NO	Th		
	3 Suicide 8 Could not be 4 Nomicide datarmined	28e. PLACE OF INJUR building, atc. (Sp.	Y — At home, farm, :	street, factory, offi	ca .	281. LOCATION (Street City or Town, State		al Route Number,
BE COMPLETED	ann)	ER: On the beet of my kno						e(a) and manner as stated.
TO BE	ogudy S.	John M.	9		HOUSE NU	Staff	≥ 67-	ED (Month, Day, Year) 04-91
	To : 12.00 0	TODHKA.	MD H-	H. C. 3	9001. S.L	HANOVER	37. BF	04-91 ALTIMORE
1	31. DATE FILED (Month, Day, Year) 991	JUNE DEVIGE	MAT Mandell					

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	75	
	notified	
	Pe	
P	must	
	marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at	
leath with the State Dept. of Health and Mental Hygiers prior to ourial, cremation, or removal.	edical	
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FOR 1 - STATE		STATE OF	MARYLAND						MENTAL				100	0 5
REGISTRA			C	ERTIF	ICATE	OF	DEA	ГН		REG. NO				
	NAME (First, Middle, Last)								2. DATE C	F DEATH D.		YEAR	3. TIME OF E)EATH
4. SOCIAL SECU	C.CURLEY	5. SEX	6. AGE (in yrs. k	net hirthrien)	IF UNDER	1 VEAR	IE LINDEI	1 24 HRS.	7. DATE O			991	10:2	
	2-1999	1 M 2 X F		YRS.	MONTHS	DAYS	HOURS	MIN.	(Month,	Day, Year)		Country)		
	ME (If not institution, give a		58		ah CITY	TOWN	BIOCAT	ON OF DE		12-1	932 sc. COUNT		ylan	d
	OHNS HOPKIN		AL					CITY					E CIT	rv
RESIDENCE	OF DECEDENT			1										
					ry, town o		ION						IOd. INSIDE	
Md.		ne Arun	aeı	P	asad		. ZIP COD				L.o. Dimin		YES 2	
232	Hickory 1	Point P	o o d				211				12.5		A COUNTE	14.6
					1.0							U.S.		
	ried 2 X Merried		1 YES 2	NO PRIMED	- 1	If yes, sp	ecify Cub	m, Mexica	in, Puerto Ri	(Specify Yellon, etc.)	s or No—	Black,	American White, atc.	Indien,
	4 Divorced	IF YES, GIVE	WAR OR DATES			1 TYES	2 📉 NO	Specif	y:			Specify	Whi	te
	15. DECEDENT'S EDU	ICATION	16a. C	DECEDENT'S	USUAL O	CCUPATIO	ON	200	16b.	KIND OF BU	SINESS/INDU	ISTRY	7711 1	
L Flementary/S	(Specify only highest grade secondary (0-12)	College (1-4 or 5		(Give kind of lie. Do NOT u	work done is retired.)	during mo	st of world	ng						
12th	Grade	5+		Teacl	her				A	. A .	CO. 1	Pub 1	ic S	choo
Elementary/S 12th 17. FATHER'S NA	ME (First, Middle, Last)						18. MOT	HER'S NA		iddle, Melden				
Georg	e O'NEILL						(1	Jnkn	own)	Sm	ith			
D TOO INFORMANT	T'S NAME (Type/Print)			19b. MAILIN	G ADDRES	S (Street e					vn, State, Zip (Code)		
ÉMER	SON P. C	Curley,	Sr.	232	Hic	kor	y Po	oint	Rd.	, Pa	sader	na.	Md.	2112
20e. METHOD O	E DISPOSITION			CE ANO OAT	E OF OISP	OSITION			DATE	_	CATION C			
	ACremation 3 ☐ Rem 5 ☐ Other (Specify)	noval from State	of cemeta Me 1	ry, cremator	y or other p Crem	ato	rv.	Inc		C	atons	svi1	16.	Md.
21. SIGNATURE	OF FUNERAL SERVICE LI	CENSEE		0				SS OF FA	CH FTV		ly Fu			
▶ Ta	mes F. Ha	ckman	Jr.	-CD	, 3	204	Mai	12+0			Pasad			
if any, leading	ilet conditions, g to immediate UNDERLYING	c	o (OR AS A CONS	NOCOLL BEOUENCE	OF):	KI of	ebside th	ella e b	reast	0	-		50 74	days
that initiated resulting in d	events	d.	O (OR AS A CONS	EOUENCE (DF):									
	er significant conditio	no contelleutino t	a dainth but an	A ======	for Alban and			advekia da	Deat I			1	1	SY FINDINGS
- I	eatry of un	_			THE GI	inderty in	9 00030	given in		PERFO	RMED?		AVAILABLE P COMPLETION OF DEATH?	RIOR TO OF CAUSE
ž												1		
25. WAS CASE F EXAMINER?	REFERRED TO MEDICAL	HOSPITAL:	*3.31		OTHE		LACE OF	DEATH (C	heck only on)				
1 TYES	2 00		☐ ER/Outpatient	3 🗆 DOA			ne 5 🗆 F	lasidence	6 🗆 Other	(Specify)				
	5 Pending	28e. DATE C (Month,	Day, Year)	28b. TI	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	28d. DE\$	CRIBE HOW	INJURY OCC	URED		
2 Accider		28e. PLACE	OF INJURY — At	home, farm.	street, fec				28f, LOC/	ATION (Street	and Number	or Rural Ro	oute Number.	
4 Homick	O COUNT HOLDE	building	g, etc. (Specify)						City	or Town, State)			
4 Homich 29a. CERTIFIER (Check only one)		BICIAN: To the best of ER: On the basis of											and manner	r es stated.
HUTAVENE PEC	AND TITLE OF CERTIFIE	ER	Clu	mal	Fellon		29c. LJ	CENSE NU	MBER		29d. DATE	SIGNED (Month, Day.	Year)
	~ Lese	m m	>.	0~	colon	4	0	416	20			7/3	191	
30. NAME AND	ADDRESS OF PERSON W	HO COMPLETED CA	USE OF DEATH (I	TEM 27) (7)7	oe, Print)	20	B	-01		o M	0			
31. DATE FILED	- AA	01 32 REGETY	AN SPRENGUNE	Rand	Leek	279	1 12		mp					
	JUL 09 15	1311 70	TO have I recon											

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DHMH-16 Rev 1/89

if. Pages 1, 2, 3 should

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	36(3)						
4. SOCIAL SECURITY NUMBER					2. DATE OF DEATH	YEAR	3. TIME OF DEATH
		Dobbs			07 03		2:40
220-70-0702	1 🗌 M 2 🗍 F	AGE (In yrs. last birthday) 24 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-11-196	Cour	THPLACE (State or Fore stry) IARY LAND
9e. FACILITY NAME (If not institution, give stre	enter		96. CITY, TOWN O	OR LOCATION OF O		9c. COUNTY OF	
10a. STATE 10b. COUNTY	ni i maudon		TY, TOWN OR LOCAT				10d. INSIDE CITY LIMITS?
MARYLAND 100. STREET AND NUMBER	BALTIMORE			DUNDALK			1 YES 2 N
8342 KAVANAGH ROAT				ZIP CODE		L	I.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes, sp		NIC ORIGIN? (Specify Yes an, Puerto Rican, atc.) fy:	Bla	CE — American Indian ck, White, etc. odly: WHITE
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)		S USUAL OCCUPATION of work done during mouse retired.)		16b, KIND OF BU	SINESS/INDUSTRY	
G.E.D.		N.	URSING S	TUDENT		MEDICAL	
17. FATHER'S NAME (First, Middle, Last)				200	AME (First, Middle, Malden		
ROBERT J. McCALLII	N			BETT	Y A. STONE		
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or Tow		
ROBERT J. McCALLII					BALTIMORE.		
20s. METHOD OF DISPOSITION 1 Deviation 2 Cremation 3 Remove 4 Donation 6 Other (Specify)		20b. PLACE ANO OA Of cemetary cremato OAK LAWN	CEMETERY	7-8-19	91 BAL	TIMORE.	MARYIAND
21. SIGNATURE OF FUNERAL SERVICE LICE	10		DUDA-	NO ADDRESS OF FI RUCK FUN	ERAL HOME NUE DUNDA	OF DUNDA	LK , INC.
Sequentially list conditions, if any, leading to immediate cause. Entar UNDERLYING CAUSE (Disease or injury	DUE TO (O	R AS A CONSEQUENCE	OF):				
that initiated events resulting in death) LAST	DUE TO (O	R AS A CONSEQUENCE	OF):				
PART II. Other algnificant conditions	contributing to de	ath but not resulting	g in the underlyin	g cause given in	Part i. 24a. WAS AN PERFO	RMED?	AMILABLE PRIOR TO COMPLETION OF CA OF DEATH?
25. WAS CASE REFERRED TO MEDICAL			26 D	LACE OF DEATH (C	tack cots and		
	HOSPITAL:	R/Outpatient 3 🗆 DOA	OTHER:				
27. MANNER OF DEATH	28a. DATE OF IN	JURY 26b. T	IME OF 28c, IN	JURY AT	6 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCURED	
1 Natural 5 Pending Accident Investigation 3 Suicide 6 Could not be	06 21		34P ^M ¹□	Λ.	Passenger		
3 Suicide 6 Could not be 4 Homicide determined	building, atd	: (Specify) street			City or Town, State Furnace Bi)	
					e to the cause(s) and ma e time, data and place, a		
29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC CHOCK (Check only one) 2 MEDICAL EXAMINER							e(a) and menner as sti
(Check only	//			29c. LICENSE NU	IMBER		e(a) and menner as ats ED (Month, Day, Year)
(Check only one) 2 MEDICAL EXAMINER	Hus	n		29c. LICENSE NU		29d. DATE SIGN	

- ei		MARYLAND	HOWARD
permit.	AL	10e. STREET AND NUMBER	
. usit	ĒF	8409 FREEDOM COUL	RT
MARYLAND 21215-0020 retained by the hospital or attending physician. 5 should be detached for use as the burial-transit notified at once.	BY FUNERAL	11. MARITAL STATUS 1 Never Married 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE V
r attend	ED.	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)
D 21; spital or ned for u	COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5
YLAND by the hospit be detached at once.	COM	17. FATHER'S NAME (First, Middle, Last) ARNOLD DALEY	
Pad bould bould beld beld beld beld beld beld beld be	BE	190. INFORMANT'S NAME (Type/Print)	
MAR retained 5 should notified	T0	MARGARET DALEY	(W
ORE, 6 may be ector, page		20s. METHOD OF DISPOSITION 1 Å Burlai 2 Cremation 3 Ram 4 Donation 5 Other (Specify)	ioval from State
BALTIMORE, MARYLAND 21215-0020 et death. Page 6 may be retained by the hospital or attending physic the funeral director, page 5 should be detached for use as the burial val.	300	21. SIGNATURE OF FUNERAL SERVICE LI	tke f
s after by the		23. PART I. Enter the diseases, or shock, or heart fellure.	complications the
within 24 hour spletchy filled in cremation, or sent, the me		IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO
DIVISION OF VITAL RECORDS, P.O. BOX 68760, BALTIMORE, MARYLAN HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hos FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	PHYSICIAN: MEDICAL CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO
RDS, nat the deat by the att and Menta ny injury,	CAL CI	PART II. Other significent condition	na contributing to
RECOR requires that seen signed by of Health an shows any	MEDI		
VITAL RECO	SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? XX YES 2 \(\text{D} \) NO	HOSPITAL:
NG PHYSICIAN the seth with the smarked, or	Y PHY	27, MANNER OF DEATH 1 Natural 5 Pending	O Month, I
TSION OF TENDING PHYS TOR: After this after death with 28 is marked,	TED BY	Accident Investigation 3 Suicide 6 Could not be determined	26e. PLACE (building ROUTE
DIVISION HOSPITAL OR ATTENDING I FUNERAL DIRECTOR: After within 72 hours after death TANT: II Item 28 is mai	BE COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYS	SICIAN: To the best o
TO THE HOSPIT TO THE FUNER THE WITHIN IMPORTANT:) BE C	29b. SIGNATURE AND TITLE OF CENTIFIE	3
	2	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAL

FOR STATE REGISTRAR	STATE OF MARY	LAND / DEPART CERTIFIC			MENTAL	HYGIENE REG. NO.			10341
DECEDENT'S NAME (First, Middle, Lest, RICHARD	EDWA	RD	DALI	Y	2. DATE O MONTH 07	OF DEATH DAY	199	YEAR	3. TIME OF DEATH 04:07 A M
4. SOCIAL SECURITY NUMBER 024-28-4222	5. SEX 6. AGE		IF UNDER 1 YEAR HONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE Of (Month), JULY	Day, Year) 11,19		MASS	SACHUSETTS
9a. FACILITY NAME (II not institution, give E.R., HOWARD COU RESIDENCE OF DECEDENT				LUMBIA	EATH		9c. COUN	HOWA	
10a. STATE 10b. COUN	HOWARD		TOWN OR LOCAT	ION					10d. INSIDE CITY LIMITS? 1 YES 2 YO
100. STREET AND NUMBER 8409 FREEDOM COU	RT		101	21045	ď		1.1	ZEN OF	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2XX Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YES IF YES, GIVE WAR OR	S 2 NO	If yes, sp	ENDENT OF HISPA acity Cuben, Mexico 2 NO Specif	en, Puerto R		or No—		E — American Indian, k, White, etc. WHITE
15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)		16e. DECEDENT'S U (Give kind of wo life. Do NOT use POLICE OI	rk done during mo retired.)	ON st of working		KIND OF BUSI			
17. FATHER'S NAME (First, Middle, Last) ARNOLD DALEY				18. MOTHER'S NA MARGUE	RITE	REARD	ON		107
190. INFORMANT'S NAME (Typo/Print) MARGARET DALEY	(WIFE	8409 1	FREEDOM	COURT, C	OLUMB	IA, MA	RYLA	ND 2	
20a. METHOD OF DISPOSITION 1.X) Buriel 2 Cremetion 3 Re 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I	moval from State	TO JOHN'S	CEMETEI				ICOT	-	TY, MARYLANI
23. PART I. Enter the diseases, or shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)	complications that cause on List only one cause on DUE TO (OR AS	ed the death. Do not sech line.	5555	WIN KNO	LLS R	OAD, CO	LUMB	SIA.	MD. 21045 Approximate interval Between Onset and Death
Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF)							
PART II. Other significent condition	ona contributing to death	but not resulting in	tha underlyin	g cause given in	n Part 1.	24s. WAS AN PERFORM	MED?	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL: 1 □ Inpatient ŻXXER/O	utpetient 3 🗆 DOA	OTHER:	LACE OF DEATH (C					
27, MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		1991 03:11	ZA _M 1		DRI		TRU	ICK/A	AUTO IMPACT
3 Suicide 6 Could not b 4 Homicide determined	building, etc. (S	RY — Al home, farm, st pecify) PUBLIC H		•	City	ATION (Street e or Town, State) OWARD			Route Number,
CONSER OTHY	SICIAN: To the best of my known NER: On the basis of examina								(s) and manner as stated.
29b. SIGNATURE AND TITLE OF CERTIF	2002		0.4.4	29c. LICENSE NO	JMBER		29d. DAT		06 1991
30. NAME AND ADDRESS OF PERSON (31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SI	HOWA		TY GENE	RAL H	OSPITA	L,CO	LUME	BIA, MD.
JUL 9 1991	Sulia Vaindson	- Rinds							DHMH-18 Rev 1/

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יסו פו או ער וורכסוומי, ויסי מסי סטי	NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the attending ph	Reter this certificate has been signed by the attending physician and committee in by the funeral director, page 5 mound to committee as the burner death with the State Dept. of Health and Mental Hygiene prior to berial, "cremation, or removal."	is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once
-	6 P	er t	Jar
)	NO	Att	2
	Z	22 -	

3508 Barly
31. DATE FILED (Month, Day, Your)
JUL 09 1991

REGISTRAR		CE	ERIIF	ICATE O	DEATH		REG. NO.				
1. DECEDENT'S NAME (First, Middle, Lest)						2. DATE O MONTH	DA		YEAR	3. TIME OF DE	
Nicola		Di Flo				7-	-	199		9:1	-
4. SOCIAL SECURITY NUMBER 213-07-4901	5. SEX	6. AGE (In yrs. las	t birthday) YRS.	MONTHS DAYS		7. DATE Of (Month), 2-2-	F BIRTH Day, Year) -1901		S. BIRTH		Foreign
99. FACILITY NAME (If not institution, give st 3910 E. Pratt RESIDENCE OF DECEDENT				96. CITY, TOWN Baltin	OR LOCATION OF C	DEATH		9c. COU	NTY OF C	DEATH	
10a. STATE 10b. COUNTY Maryland				ry, town on Localtimo						10d. INSIDE CI LIMITS? 1-1 YES 2	
10e. STREET AND NUMBER					101. ZIP CODE			10g. CIT	ZEN OF	WNAT COUNTRY	,
3910 E. Pratt (11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S.AR YES 2 1 NAR OR DATES	IMEO NO	If yes,	21224 ECENDENT OF HISPA specify Cuban, Mexic ES 20 NO Spec	en, Puerto Ri		or No-	14. RAC Blac Spec	E — American in the White, white, white, stc.	dlen,
15. DECEDENT'S EDUC		16a. DE	CEDENT'S	USUAL OCCUPA	TION	16b. I	KINO OF BUS	SINESS/INC			-
(Specify only highest grade Elementary/Secondary (0-12) 5th	Coffege (1-4 or 5	+)		work done during in the retired.)	most of working	Be	thleh	n em	Sta	ω 1	
17. FATHER'S NAME (First, Middle, Last)		74.	-16	الله والمواهرة	16. MOTHER'S N				2 6	CI	-
Camillo	Di F	lorio			Sabia	a	Scia	scio			
19a. INFORMANT'S NAME (Type/Print)					t end Number or Rure						
Rosa DiFlori			391	O E.	Pratt S						2
200 METHOD OF DISPOSITION 1 N Buriel 2 Cremetion 3 Rem	ovat from State	20b. PLACE	AND DAT	E OF DISPOSITION or other place)	N (Name		20c. LO				
4 Donation 5 Other (Specify)		Sacre	A H	7	Tooms #	_0_01	IRal	t. i me	ore.	. Marv	7 1
21. SIGNATURE OF FUNEBAL SERVICE LA		_	W 11				. Dai				та
///////	7		<u>u 11</u>	22. NAME	AND ADDRESS OF F	ACILITY					
1/1/hel	2		u II	Jose	ph N. Z	anni	no Ji	r. F	une	ral Ho	
23. PART I. Entar the diseases, or o	complications that	it caused the da	eath. Do	Jose 263	ph N. Z S. Conk	anni ling	no Ji Stre	r. F	une: 212:	ral Ho	me
shock, or heart failure.	complications that	it caused the da	eath. Do	Jose 263	ph N. Z S. Conk	anni ling	no Ji Stre	r. F	une: 212:	ral Ho	Me mate Betw
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immediate cause (Final disease of condition	complications the List only one can	at caused the dause on each line	eath. Do	JOSE 263	ph N. Z S. Conk	anni ling	no Ji Stre	r. F	une: 212:	ral Ho	Me mate Betw
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	1 - FOR STATE REGISTRAR			OF DEATH AND N	REG. NO.	
į	1. DECEDENT'S NAME (First, Middle, Last)	Barbara Mae Das	h		2. DATE OF DEATH MONTH DAY	S YEAR 9:10 4 M
	0110 00 0001	M 2 XF 59 YR	MONTHS D	EAR IF UNDER 24 HRS. AYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 03-01-32	8. BIRTHPLACE (State or Foreign Country) Md.
TOR	98. FACHLITY NAME (If not institution, give street and TOWNS OPKING (SPA)	MIRIC CENTER	96. CITY, TO	LTO, MI	9c. C	BAITO
DIRECTOR	10a. STATE 10b. COUNTY		Baltimo			10d. INSIDE CITY LIMITS? 1 YES 3 NO
	Md. Baltimo	re City	Daicillo	101. ZIP CODE	10g.	1 ☐ YES 2\(\tilde{\chi}\) NO CITIZEN OF WHAT COUNTRY?
ER/	2613 Ritten House A	venue		21230		U.S.A.
BY FUNERAL	1 Never Married 2 Y Married FC	AS DECEDENT EVER IN U.S. ARMED PRCES? 1 YES 2 NO YES, GIVE WAR OR DATES	lf y	B DECENDENT OF HISPANI BE SPECIFY Cuben, Mexicar YES 2 XNO Specify		- 14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade complete Elementary/Secondary (0-12) Colle	ed) (Give kind	NT'S USUAL OCCI d of work done duri OT use retired.)	JPATION ng most of working	16b. KIND OF BUSINESS	
MPL	8th Grade	Home	maker	12.2	Domestic	
	17. FATHER'S NAME (First, Middle, Last)				ME (First, Middle, Maiden Surnam	10)
BE	Harold Faulkner 190. INFORMANT'S NAME (Type/Print)	19b. MA/	LING ADDRESS (S		le Thompson oute Number, City or Town, State,	a. Zip Code)
2	Roy A. Dash	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			e., Balto.,	
	20e. METHOD OF DISPOSITION 1 A Buriel 2 Cremation 3 Removal fro 4 Donation 5 Other (Specify)	20b. PLACE ANO I	DATE OF DISPOS	ITION (Name	OATE 20c. LOCATION	
	James F. Hackman	Helen S	22. NA	ME AND ADDRESS OF FAC	McCully F	uneral Home to., Md. 21225
CERTIFICATION	23. PART I. Enter the diseases, or complished by the shock, or heart failure. List of immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)		SC BULLY BULLY SEOPI: FLINCE	vo	nal Fai	Interval Between Onset and Death
MEDICAL	PART II. Other algnificant conditions condit	ributing to death but not result	ing in the unde	rlying cause given in	Part I. 24s. WAS AN AUTOP PERFORMED? 1 YES 2 NO	AVAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Ch	ick only one)	
YSIC	1 YES 2 NO 1 1	PITAL: npatient 2 - ER/Outpatient 3 - Of		g Home 6 🗆 Residence	6 Other (Specify)	
ву рн	27. MANNER OF DEATH 1 Natural 6 Pending 2 Accident Investigation	8a. DATE OF INJURY (Month, Day, Year)	INJURY	Bc. INJURY AT WORK? 1 YES 2 NO	26d. DEŞCRIBE NOW INJURY	OCCUREO
	3 Suicide 6 Could not be 4 Homicide determined	8e. PLACE OF INJURY — At home, fa building, etc. (Specify)	arm, street, factor	r, office	28f. LOCATION (Street end Nur City or Town, State)	mber or Rural Route Number,
COMPLETED	(onton only	to the best of my knowledge, death or the bests of examination and/or investi				s stated. to the cause(s) and menner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	20		29c LICENSE NUM	18ER 29d.	DATE SIGNED (Month, Day, Year)
2	30. NAME AND ADDRESS OF PERSON WHO COM	PLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	no 55	OJBITOP W	Les Circle
	31. DATE FILED (Month, Day, Year)	2. REGISTRAR'S SIGNATURE	2_		Bo	15 MO 21264

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 frouts after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlat, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

1. DECEDENT'S NAME (First, Middle, Las)						OF DEATH	WPA	3. TIME OF DEATH
LENA			GA	ASKINS		07	03	1991	06:15 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last	MOI	UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE (Mont)	OF BIRTH h, Day, Year)	a. Bi	RTHPLACE (State or Foreign untry)
218-05-2820	1 □ M 2/√ F	87	YRS.				10-04		MD.
9a. FACILITY NAME (If not institution, give			96		OR LOCATION OF D			9c. COUNTY O	F DEATH
MARYLAND GE	NERAL HOS	PITAL		B	ALTIMORE	CITY			
10e. STATE 10b. COUN	TY		10c. CITY, TO	OWN OR LOCA	TION				10d. INSIDE CITY
MD			BALT	TIMOR	E. CIT	Y			1XXYES 2 NO
10e. STREET AND NUMBER				10	of. ZIP CODE			10g. CITIZEN C	OF WHAT COUNTRY?
	UMENT			1	21202			U	.S.A
11. MARITAL STATUS 1 \(\tilde{\Delta} \) Never Married 2 \(\tilde{\Delta} \) Married	FORCES?	NT EVER IN U.S. ARI		If yes, s	CENDENT OF HISPA pecify Cuban, Maxic	an, Puerto		or No.— 14. R	ACE — American Indian, Black, White, etc.
3 Widowed 4 Divorced	IF TES, GIVE	WAR OR DATES'		1 NE	S 2XXNO Speci	ny:		s	BLACK
15. DECEDENT'S EL (Specify only highest gra	UCATION de completed)			UAL OCCUPATI		168	. KIND OF BUSI		
Elementary/Secondary (0-12)	College (1-4 or 5	+) life.	Do NOT use re	ottred.)	out or working				
5th		DI	SABLE	. D				_	
17. FATHER'S NAME (First, Middle, Last) ARTHUR GASK	TNC				18. MOTHER'S N			urname)	
19a. INFORMANT'S NAME (Type/Print)	11/13	196	MAILING AD	ORESS (Street	and Number or Rural		NNETT	State 7in Code	ıl .
	LEY						BALTIM		MD. 21213
20a. METHOD OF DISPOSITION		20b. PLACE	AND DATE OF	F DISPOSITIO		DAT		ATION — City of	
1 🔀 Buriel 2 🗆 Cremetion 3 🗆 Re 4 🗆 Donation 5 🗆 Other (Specify)	moval from State	_ KING	MEM (Other place)	PK. CE	METE	RY R	ANDAL	LSTOWN. MD
	777			-					- DI VIII ; IVI
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22. NAME /	AND ADDRESS OF F	ACILITY			
23. PART I. Enter the diseases, or shock, or haert fellur IMMEDIATE CAUSE (Final	complications th			WM.C	.MARCH	F.H.			
23. PART I. Enter the diseases, of shock, or heart feliur IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications the List only one can have a have a		CARDIO	WM . C	. MARCH ode of dying, su	F.H.			Approximata intervai Betwee
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GAMBLE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

991

3. TIME OF CEATH

REG. NO

6

2. DATE OF OEATH

REGISTRAR

THOMAS

1. DECEDENT'S NAME (First, Middle, Last)

24 hours after death. Page 6 may be retained by the hospital or attending physician. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

09:45 8. BIRTHPLACE (State or Foreign Country) 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In vrs. last birthday) IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH DAYS MONTHS HOURS 1 X M 2 - F 41 YRS. CAROLINA 10-30-1950 permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give atreet and number) 9b. CITY, TOWN OR LOCATION OF DEATH Sc. COUNTY OF DEATH BALTIMORE CITY DIRECTOR FREDERICK AVENUE RESIDENCE OF DECEDENT 10e. STATE 10d. INSIDE CITY 10b. COUNTY 10c. CITY, TOWN OR LOCATION 1 YES 2 NO BALTIMORE MARYLAND FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21223 USA. 44 SOUTH PULASKI STREET the funeral director, page 5 should be detached for use as the burial-transit 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-14. RACE — American Indian, Black, White, etc. If yes, specify Cuban, Mexican, Puerlo Rican, etc.)

1 YES 2 NO Specify: 1X Never Married 2 Merried Specify: BLACK IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 18b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Meiden Surname) LILLY SMITH 75 THOMAS GAMBLE BE notified 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zio Code) 2 2206 CECIL MOORE AVE. PHILA, PA. 19121 DOROTHY SMITH è 204. METHOD OF DISPOSITION

1 A Burlel 2 Cremetion 3 Rem
4 Donation 8 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name DATE examiner must netary, cremator ZION MT. BALTIMORE, 21. SIGNATURE OF PUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY JOSEPH H. BROWN, JR., P.A. 1913 W. BALTTFORE ST. 21223, P.O. BOX 4433 medical 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, Approximate signed by the attending physician and completely filled in by Health and Mental Hygiene prior to burial, cremation, or remo shock, or heart failure. List Dnly one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final event, the disease or condition ELGE resulting in death) DUE TO (OR AS A CONSEQUENCE OF): 42 traumatic CERTIFICATION Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or Injury or other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO shows any COMPLETION OF CAUSE OF DEATH? 1 NYES 2 NO 1 YES 2 NO r this certificate has been sign with the State Dept. of He arked, or Item 23 show asta PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) **EXAMINER?** HOSPITAL:
1 inpatient 2 ER/Outpatient 3 DOA OTHER: 1 X YES 2 | NO g Home NR Residence 8 - Other (Specify) 4 Numi 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c. INJURY AT 28d, OESCRIBE HOW INJURY OCCURED marked, 1 Natural 2 Accident 5 Pending Investigation M 1 YES 2 NO BY After death 28e. PLACE OF INJURY — At home, farm, street, factory, office building. etc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Sulcide 00 6 Could not be determined COMPLETED DIRECTOR: / 28 4 🔲 Homicide Hem 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and menner as stated. FUNERAL I MPORTANT: If 2 TMEDICAL EXAMINER: On the basic of examination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(a) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c LICENSE NUMBER 29d, DATE SIGNEO (Month, Day, Year) BE 五五百 O.C.M.E. 07-07-1991 2 2 3 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 111 PENN STREET BALTIMORE, MARYLAND 21201 2 32. JEGISTRABIO SIGNATURE
GUITA DANY door-Randalle 31. DATE FILED (Month, Day, Year) JUL 09 1991

OHMH-18 Rev 1/89

BALTIMORE, MARYLAND 21215-0029 TO THE HOSPITAL, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physical TO THE FUNERAL DIRECTIOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the buildable filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

Pages 1, 2, 3 should

FOR STATE REGISTRA

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

Lydia 4. SOCIAL SECURITY NUMB									2. DATE OF		w	YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMB	Gr	iffin							Jul	у 8,	1991	There	
215-07-		5. SEX	6. AGE (In yrs. In:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF (Month, I May 5	Day, Year)		Countr	PLACE (State or Foreign) Tyland
9a. FACILITY NAME (If not in:	stitution, give s	treet and number)			9b. CITY	, TOWH	OR LOCATIO	ON OF D		,	9c. COUN		
200 M	argar	et Ave.				Es	sex				В	alt	imore
10e. STATE	10b. COUNTY	Υ		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
Md.	В	altimor	e				Ess						LIMITS?
100. STREET AND NUMBER 200 M.	Argar	et Ave.				10	f. ZIP CODI	E 2122	21		10g. CITIZ		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		FORCES? 1	TEVER IN U.S. AF			If yes, sp		n, Maxica	NIC ORIGIN? in, Puerto Ric y:		s or No—		- American Indian, t, White, etc.
	EDENT'S EDU- highest grade		(C	ECEDENT'S Bive kind of a Do NOT u	Work done (se retired.)	CCUPATI during me	ON ost of working	ng	18b. K	IND OF BU	SINESS/IND	USTRY	
				Hou	sewi	.fe							
17. FATNER'S NAME (First, M.	iddle, Last)						18. MOT		ME (First, Mic				
HArry :	Bense	r						Man	gare	t A	rmis	tea	d
19a. INFORMANT'S NAME (7)			10	b. MAILING	ADDRESS	S (Street	and Number	or Rural	Route Number	, City or Tow	n, State, Zip	Code)	
Dorothy	Ship	ley											
20a. METHOD OF DISPOSITE 1 Donation 5 Other	n 3 🗆 Rem	oval from State	20b. PLACE of cometan	E AND DAT	re of disp	OSITION Diaca)	(Name	7/10) / 9 1		cation — c		
21. Siggrame of Funera	luFi	intlat	Ho	me			no ADDRE			lHom	e300	MAc	eAve.21
shock, or h	dary fellure.	List only one ce	et coused the duse on each lin	eeth. Do e.	not enter				h ae cerdie				Approximate interval Between
shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	dary fellure.	List only one ce	of coused the duse on each lin	e.					in so cordio				
shock, or he IMMEDIATE CAUSE (Fir disease or condition	dary fellure.	a	use on each lin	e. FOUENCE C	DF): DF):				4				
shock, or h- IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if sny, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or inju- thet infliated events resulting in death) LAS	dons, diata ling	DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSE	e. FOUENCE C	OF): OF):	C	rye	str	ve h				
shock, or himmediate Cause (Fir disease or condition resulting in death) Sequentially list condition if any, leading to immediates. Enter UNDERLY! CAUSE (Disease or injunt to initiated events	dons, diata ling	DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSE	e. FOUENCE C	OF): OF):	C	rye	str	ve h		AUTOPSY RMED?	Kue	
shock, or himbeliate CAUSE (Firdisease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injusted initiated events resulting in death) LAS PART II. Other significations.	dons, diata ing	DUE TO DUE TO DUE TO DUE TO	O (OR AS A CONSE	e. FOUENCE C	OF): OF):	Co	Ny ng ceuse	given in	Part I.	24s. WAS AN PERFOI	AUTOPSY RMED?	Kue	Interval Betw Onset and D
shock, or h- IMMEDIATE CAUSE (Fir disease or condition resulting in death) Sequentially list conditi if any, leading to imme- cause. Enter UNDERLY! CAUSE (Disease or in) thet initiated events resulting in death) LAS	dons, diata ing	DUE TO DUE TO DUE TO DUE TO DUE TO HOSPITAL:	O (OR AS A CONSE	e. EOUENCE C EOUENCE C resulting	OF): OF): In the un	nderlyin	ig ceuse	given in	ve h	24e. WAS AND PERFOI	AUTOPSY RMED?	Kue	Interval Betw Onset and D
shock, or himmediate cause (Fir disease or condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) CAUSE (Disease or Injuthet Initiated events resulting in death) LAS PART II. Other signification of the condition of the c	dons, diata ing ing ing ing ing ing ing ing ing ing	b. DUE TO d. DUE TO d. HOSPITAL: 1 Inpatient 2 28e, DATE O	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE	EOUENCE C	OF): OF): In the ur OTHEL 4 □ Nur	26. PR: rsing Not	ig ceuse	given in	Part I.	24a. WAS AND PERFOIT 1 WES :	AUTOPSY RMED?	241	Interval Betw Onset and D
shock, or h. IMMEDIATE CAUSE (Firdisesse or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other signification from the cause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other signification from the cause. Enter UNDERLY! 25. WAS CASE REFERRED TEXAMINER? 1 YES 2 NO 27. MANNER OF DEATN 1 Netural 8 2 Accident 3 Suicide 8	ions, diata ING IIIY T	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO	O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O deeth but not	EOUENCE C	OF): OF): OF): In the ur OTHE(4 Number of Jury M	26. PR: raing Nor 28c. IN W 1 □	PLACE OF D	given in	Part I. 2 heck only one) 8 Other 28d. DESC	24a. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED? 2 NO	24b	Interval Betw Onset and D
shock, or himmediate cause (Fir disease or condition resulting in death) Sequentially list condition from the cause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other signification of the cause cause. Enter UNDERLY! CAUSE (Disease or Injuthet initiated events resulting in death) LAS PART II. Other signification of the cause of th	one, dilate ING IIIY TO MEDICAL Pending Investigation Could not be determined	DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO DUE TO A DUE TO DUE TO A DUE TO	O (OR AS A CONSE O (OR	e. EOUENCE C EOUENCE C Tesuiting 3 DOA 28b. Tilling	OF): OF): In the un OTHEL 4 Nu ME OF JURY M street, fac	26. PR: raing Noo 28c. IN 1 □	PLACE OF DIME 8 PROPERTY AT ORK? YES 2 Cee	given in	Part I. 2 heck only one) 8 Other 28d. DESC 28f. LOCAT City or	24e. WAS AN PERFOI 1 YES 2	I AUTOPSY RMED? 2 NO INJURY OCC	24b	Interval Betw Onset and D

FRANCIS

31. DATE FILED (Month, Day, Year)

FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTI			TAL HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) FAE GELBO	. 01)	e fern ge	ELBOND)		ATE OF DEATH DAY	YEAR G/	ME OF DEATH
4. SOCIAL SECURITY NUMBER 149-01-4487	5. SEX 6. AGE (II		ONTHS DAYS	HOURS MIN. 7. DA	1722/1917	e. SIRTHPLAC	E (State or Foreign W JERSEY
96. FACILITY NAME (If not institution, give str St. Tosophs RESIDENCE OF DECEDENT	tospital	9	b. CITY, TOWN O	OWSON	9c. CC	Balti	move
10e. STATE 10b. COUNTY MARYLAND		10c. CITY,	TOWN OR LOCAT		115	1 1 1	INSIDE CITY LIMITS? YES 2 \(\) NO
10. STREET AND NUMBER 11 W. 20th ST., A	PT. 5-C		101	21218	10000	ITIZEN OF WHAT	COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spi	ENDENT OF HISPANIC OR ocity Cuben, Mexican, Pue 2 ANO Specify:	tGIN? (Specify Yee or No- rto Rican, etc.)	14. RACE A Black, Wh Specify:	merican Indien, ite, etc. WHITE
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12)		18a. DECEDENT'S US (Give kind of wo life. Do NOT use SECRETA	rk done during mo retired.)	on st of working	CITY OF E		Œ
17. FATHER'S NAME (First, Middle, Last) JOSEPH GELBOND			Tell	16. MOTHER'S NAME (FI	rst, Middle, Malden Surname GREENBAU		
190. INFORMANT'S NAME (Type/Print) SOL LEVINSON & BR	OS., INC.	Control of the Control of			Number, City or Town, State,		.5
20a, METHOD OF DISPOSITION 1 A Burial 2 Cremation 3 Remo	val from State AR	PLACE AND DATE O		AMUNO) 7/5		City or Town, 1	
21. SIGNATURE OF FUNERAL SERVICE LIII	Some	•	6010	REISTERSTO		LTO.,MD	21215
23. PART I. Enter the diseases or c shock, or heart feilure. I IMMEDIATE CAUSE (Final disease or condition resulting in daeth)	METASTE	ch lina.	WARIA	da of dying, such as		arreat,	Approximate interval Betwee Onset and Dea
Sequentially list conditions, if any, leading to immediate		CONSEQUENCE OF)					
ceuse. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
PART II. Other significant condition	contributing to death b	ut not resulting in	tha underlyin	g cause given in Part	I. 24a. WAS AN AUTOP PERFORMED? 1 — YES 2 NO	COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO APLETION OF CAUSE DEATH?
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Check or	A. C. Carlon and and a second		
1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending investigation	1 Inpatient 2 ER/Outp 28a. DATE OF INJURY (Month, Day, Year)	26b, TIME	OF 28c. IN.	NO PICK? NO PICK? NO PICK?	DESCRIBE HOW INJURY	OCCURED	
2 Accident investigation 3 Suicide 8 Could not be determined	28a. PLACE OF INJURY building, etc. (Spec	— At home, farm, at	reet, factory, offic	e 28f.	LOCATION (Street end Nun City or Town, State)	nber or Rural Route	Number,
one)	CIAN: To the best of my know						d manner ee stated.
29b. SIGNATURE AND TITLE OF CERTIFIEF		STAFF		29c. LICENSE NUMBER D 3026 3	29d.	DATE SIGNED (Mo	nth, Day, Year)
30. NAME AND ADDRESS OF PERSON WH	D COMPLETED CAUSE OF DE	ATH (ITEM 27) /June	Print)	2 2020 3			

HOSPITAL

ST- JUSEPH

32. REGISTRAR'S SIGNATURE
Sulia Devidson-Rondallo

TO THE PUNCHAL UNRECTURA ATTACK. THE DATE STORMS TO THE CONTRIBUTE OF THE STORMS OF TH TO THE HOSPITAL OR ATTENDANG PHYS TO THE FUNERAL DIRECTOR. Ame the be filed within 72 hours after obsith with

STATE	OF MARYLAND	/ DEPARTMENT	OF	HEALTH	AND	MENTAL	HYGIEN	1E
		ERTIFICATE	O	F DEAT	ГН		REG. NO).

1 - STATE REGISTRAR	STATE OF MARYLAND /	DEPARTMENT OF		MENTAL HYGIEN		
FOR A		der sor	1	2. DATE OF DEATH	7 97	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 2/3-/4-235 9e. FACILITY NAME (If not institution, gla	5. SEX 1 M 2 F 86 street and number)	YRS. MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) 2-27-/	904 B. B. B. B. B. B. B. B. B. B. B. B. B.	IRTHPLACE (State or Foreign ountry) MARYLAND OF DEATH
369 N. RESIDENCE OF DECEDENT 10a. STATE 10b. COU	AI hOUN ST	10c. CITY, TOWN OR LO	BALTIN CATION	MORE		10d. INSIDE CITY
MD		BA	LTIME 101. ZIP CODE	ORE	10g. CITIZEN	LIMITS? 1) YES 2 NO OF WHAT COUNTRY?
10e. STREET AND NUMBER 309 11. MARITAL STATUS 1 Mary Married 2 Married	12. WAS DECEDENT EVER IN U.S. AR	MED 13. WAS	2/3	23 NC ORIGIN? (Specify Yo	4 La or No — 14. I	RACE — American Indian,
3 Widowed 4 Divorced	FORCES? 1 YES 2		, specify Cubsn, Mexica YES 2 NO Specif			Black, White, stc. Specify: BLACK
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)	ide completed) (G	CEDENT'S USUAL OCCUP ive kind of work done during Do NOT use retired.)		16b. KIND OF BI	JSINESS/INDUSTI	RY
17. FATHER'S NAME (First, Middle, Last)	HENDERSO	W	16. MOTHER'S NA	ME (First, Middle, Melde	Surnamo)	NING
ERNESTANE	PEMBRICK	309 No	MAL HOW	V 57,	BALTO	MD 2/323
20e. METHOD OF DISPOSITION 1 Burlet 2 Cremation 3 R 4 Donation 5 Other (Specify)	amoval from State	ANO DATE OF DISPOSIT	MEMP	OATE 20c. L	CATION - City	or Town, State
21. SIGNATURE OF FUNERAL SERVICE	E mutter	NU	HOR FULL	WAS FAC	omes	Inc. 21216
	s. Dyc TO (OR AS A CONSE	el Inf.	in clien	th as cardiac or res	piratory srrest,	Approximate interval Batwean Onset and Death
Sequentially list conditions, if any, leading to immediate cause, Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	QUENCE OF):				
that initiated events resulting in death) LAST	DUE TO (OR AS A CONSE	OUENCE OF):				
	lons contributing to death but not	resulting in the under	lying cause given in	Part I. 24a. WAS A PERFO	N AUTOPSY DRMED? 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL		2	8. PLACE OF DEATH (C)	neck only one)		
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpatient 3	OTHER:	Home & Residence	8 Other (Specify)		
	28e. DATE OF INJURY (Month, Day, Year)	INJURY	WORK?	28d. DEŞCRIBE HOW	INJURY OCCURI	EO
3 Suicide 6 Could not	be building, etc. (Specify)	ome, farm, street, factory,	office	261. LOCATION (Stree City or Town, State		lural Route Number,
one)	IYSICIAN: To the best of my knowledge, d					use(s) and manner se stated.
296. SIGNATURE AND TITLE OF CERT	FIER And	2	29c. LICENSE NU		29d. DATE SH	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON	WHO COMPLETED CAUSE OF DEATH TITE	EM 27) (Type, Print)				
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNATURE Sulia Savidson-Randa	02				

FOR	STATE OF M	ARYLAND / I	DEPAR	TMENT	OF HE	ALTH A	AND I	MENTA	L HYGIEN	IE	91	183	349
STATE REGISTRAR DECEDENT'S NAME (First, Middle, Last)		CE	RTIF	CATE	OF I	DEAT	Н		REG. NO			3. TIME OF DE	ATH
Lastro Milas Contractor	11	arold		IIII	יתיתי			0.7	H . D)4 /	1991	54:114	Рм
THEODORE 4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last	hirthday	HUR IF UNDER 1		IF UNDER 2	M MOR	0.	OF BIRTH)4 /		THPLACE (State or	_
215-28-0018	15 M 2 D F		YRS.	MONTHS		HOURS	MIN.	(Mont	h, Day, Year)		Cour	ntry)	roreign
		74	1110.	01 01774	TOWN OR	1001710			-02-1		UNTY OF	MD.	
9a. FACILITY NAME (If not institution, give													
THE JOHNS HOPK	INS HOSPI	TAL		BA	LTIM	ORE	CIT	<u>Y</u>		В	ALT1	MORE	
10a. STATE 10b. COUNT	Υ		10c, CIT	Y, TOWN OF	R LOCATIO	ON						10d. INSIDE C	TY
MD			RΔ	LTIMO	DF.	CIT	nv					LIMITS?	□ NO
10a. STREET AND NUMBER			DA	DITIN		ZIP CODE				10g. Cl	TIZEN OF	WHAT COUNTRY	
416 N. BRADFORI	STREET					2122	24			100		U.S.A.	
11. MARITAL STATUS	12. WAS DECEDENT FORCES? 1	EYER IN U.S. ARM	AED	13. W	WAS DECEI	NDENT OF	F HISPAN	IC ORIGII	1? (Specify Ye	a or No-	14. RAG	CE — American In	dlen,
1 Never Married 2 Married Married Never Married M	FORCES? 1 (0		YES 2				Rican, atc.)			eck, White, atc. scily: BLACK	
15. DECEDENT'S ED				USUAL OC				168	KIND OF BU	JSINESS/IN	DUSTRY		
(Specify only highest grad Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	Illo	ne kind of a Do NOT us	work done d se retired.)	uring most	or working	7						
Elementary/Secondary (0-12) 12th			RUCK	DRI	VER								
17. FATHER'S NAME (First, Middle, Last)	4 - 1 - 1					18. MOTH	ER'S NA	ME (First,	Middle, Maider	n Surname)			
HENRY HURTT							NET	TTE	COLE				
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	ADDRESS	(Street and	d Number			ber, City or Tox	wn, State, 2	Sip Code)		
LILLIAN SMI	TH	4	1905	GRE	ENCR	EST	RD.	/BAL	TTMORE	ER'. M	ID	21206	
20e METHOD OF DISPOSITION 1 Method 2 Cremation 3 Rei		20b. PLACE	AND DAT	E OF DISPO	SITION (Name		DAT	F 20c. L	_		Town, State	
1 State 1 Stat	noval from State	of cemetary GARR	crematory LSON	FORF.	ST V	ET.	CEM	ETER 	V OTA	ITNICS	MTT	LS, MD.	
21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				NAME AND					TINGS	MILL	11117	
· hoo				F.7	m. a	N/ N T	OII.		3101	-			
Dlady	p w	ana)	_								AVENUE	
23. PART I. Enter the diseeses, or shock, or heert fellure				not enter	the mod	e of dyl	ng, suc	h es cer	diec or reep	piratory e	rreet,	Approx	Between
IMMEDIATE CAUSE (Finel	7.4											Onset	ind Death
disease or condition resulting in death)	a. HY DO	tension	1									30	min-
												30	
Sequentially list conditions,	· Dredy	CENT AS A CONSEC										100	MIN
if any, leading to immediate												3/	
cause. Enter UNDERLYING CAUSE (Disease or Injury	e Wiyaci	OR AS A CONSEC	steri	NOUS									NIN .
that initiated events	QUE TO	OH AS A CONSEC	IUENCE O	+):									
	d											-	
PART II. Other algnificent condition	na contributing to	death but not re	esuiting	in the un	derlying	cause g	lven in	Part i.	24a, WAS A		Y 2	4b. WERE AUTOPS	
Dizbetes Me	llitus								1 TES	PAGE NO		COMPLETION I	
Urinzana Trz	+ Intertion									A		OF DEATH?	ONZ
Personal Va		serve											
25. WAS CASE REFERRED TO MEDICAL	Julia Di	ac are	-		26 Pl /	CE OF D	EATH (C)	heck only o	ne)				-
EXAMINER?	HOSPITAL:	E010 1 11 11 11 11		OTHER	₹:								
1 WES 2 NO	28a. DATE OF	ER/Outpatient 3	26b. TIA		28c. INJU		sidenca		er (Specify) SCRIBE HOW	IN HERV C	CCUBED		-
Retural 5 Pending	(Month, Di			JURY	WOF	K?	730	200. DE	SCHIBE HOW	INJUNI C	CCONED		
2 Accident Investigation		F INJURY — At ho	me ferm	etroot fact			00	205 1.0	CATION /Stree	t and Mumi	har or Burn	al Route Number,	
3 Suicide 6 Could not be 4 Homicide determined	building,	etc. (Specify)	e, refitt,		ory, ornell			City	or Town, Stat	(e)	or mure	and the state of t	
200 CEPTIEIED (T-)							-						
COOL OTHY	SICIAN: To the best of												
one) 2 MEDICAL EXAMI	IER: On the basis of a	xamination and/or i	nvestigati	on, in my o	pinion, de	ath occur	ed at the	time, dat	a and place, a	and due to	the cause	e(a) and manner a	a stated.
29b. SIGNATURE AND TITLE OF CERTIF	ER .					29c. LICE	NSE NU	MBER		29d. D.	ATE SIGN	ED (Month, Day, Ye	er)
Michrel Boyle	MIO					J	194	19			7/	4/9/	
30 NAME AND ADDRESS OF PERSON V											7	7	

ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

Battimur

31. DATE FILED (Month, Day, Year) / ha Savidson-Randers

CORNELIUS	L. HA	RRISON	M.		3.	DEAT		2. DATE OF DE MONTH	G. NO. ATH DAY 03	YEAR 1991	3. TIME OF DEATH 6:00 P
4. SOCIAL SECURITY NUMBER 213-07-6725	5. SEX	6. AGE (In yrs. In		IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS.	7. DATE OF BIF (Month, Day,	YTH Year)		HPLACE (State or Foreign try)
9a. FACILITY NAME (If not institution, give		TI A Y					ON OF DE	EATH		DUNTY OF I	
THE JOHNS HOPK	INS HUSPI	TAL		В.	ALT1	MORE	E (CITY	BA	LITM	ORE CITY
MD 10a. STATE 10b. COUNT	Υ			Y, TOWN D			CIT	Y			10d. INSIDE CITY LIMITS? 1 YES 2 ND
1524 N. I	EDEN ST	REET			101	ZIP COD	213		10g. C		WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3. Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	RMED AO	1	f yes, sp	ecity Cube		NIC ORIGIN? (Spe in, Puerto Rican, y:		- 14. RAC	CE — American Indian, ck, White, etc.
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 8 t n		·	GIVE KIND OF U	work done o se retired.)	during mo	ON st of world	ing	16b. KIND	OF BUSINESS/	INDUSTRY	
17. FATHER'S NAME (First, Middle, Lest) HORACE HARE	RISON						HER'S NA	ME (First, Middle,	Maiden Sumame LLEN	»)	
19a. INFORMANT'S NAME (Type/Print) RUTH PRINGI	LE	1	1027					Aoute Number, City			21201 TIMORE, MI
20e_WETHOD OF DISPOSITION 1-E-Burlal 2 □ Cremation 3 □ Rer 4 □ Donation 8 □ Other (Specify)	noval from State		E ANO OAT				ET.	4	OWING		Town, State LLS, MD.
21. SIGNATURE OF FUNERAL SERVICE L	icensee Wa	(۵۵۵					SS OF FA			8	
7777		,,,,,									NORTH AVE.
23. PART I. Enter the diseases, or ahock, or heart failure IMMEDIATE CAUSE (Final disease or condition	. List only one cau	ise on each ilr	na.	not enter	the mo	de of dy	ring, auc	ch as cardiac o	or reapiratory		Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. HEF DUE TO	ATOR (OR AS A CONS	EOUENCE	not enter	the mo	de of dy	ring, auc	ch as cardiac o	or reapiratory		Approximate Interval Between
ahock, or haart fallure IMMEDIATE CAUSE (Final disease or condition	a. HEF DUE TO C. ALCO	ATOR (OR AS A CONSI	EQUENCE (not enter	the mo	de of dy	ring, auc	ch as cardiac o	or reapiratory		Approximate Interval Between
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	a. HEP DUE TO b. CLR OUE TO C. ALCO OUE TO	ATOR (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	EQUENCE C	not enter PF: OFF: SUS/	the mo	de of dy	ring, suc	Part i. 24a.	or reapiratory	arreat,	
shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HEF DUE TO b. OUE TO c. ALC DUE TO d	ATOR (OR AS A CONS) (OR AS A CONS) (OR AS A CONS) (OR AS A CONS)	EQUENCE C	not enter A L PF): SUS/ In the ur	the mo	SY0	given in	Part i. 24a.	WAS AN AUTOPPERFORMED?	arreat,	Approximate Interval Betwee Onset and Deat / Was Approximate Interval Betwee Onset and Deat / Was Approximate Interval Betwee Onset and Deat / Was Approximate Interval Betwee Interval Interval Interval Interval Interval
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116

DHMH-16 Rev 1/89

FOR STATE REGISTRAR

1991

1	1. DECEDENT'S NAME (First, Middle, Lest) HACK	(GE	RTRUDE	HACK)	LDE		2. DATE MONTH	OF DEATH	2 0	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE (Month	OF BIRTH	0	Country	
OR	217-20-4367 9a. FACILITY NAME (If not institution, pive s	- 7	90, L	1100	9b. CITY, TOWN	OR LOCATION OF D	EATH RE	-	9c. COUN		ARYLAND EATH
DIRECTOR	10a. STATE 10b. COUNT	SALT IN	10RE	10c. CITY	TOWN OR LOCA		RE				10d. INSIDE CITY LIMITS? 1 YES 2 NO
JERAL	5412 OLD	Cou	RT	R) 10	1. ZIP CODE	1208		10g. CITIZ	EN OF W	SA
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced		IT EVER IN U.S. YES 2 WAR OR DATES	NO	If yes, sp	CENDENT OF HISPA Decity Cuban, Mexic 3 2 NO Speci	an, Puarto f		or No-		- American Indian, White, etc.
COMPLETED	15. DECEDENT'S EDI. (Specify only highest grade Elementary/Secondary (9-12)		+)	DECEDENT'S (Give kind of v life. Do NOT us HOUSEW	VSUAL OCCUPATION OF RESTREET.	ON ost of working	16b.	KIND OF BUS		JSTRY	
ш	17. FATHER'S NAME (First, Middle, Last) ABRAHAM SI	EIGEL				18. MOTHER'S N. MA		Widdle, Maiden UNKNOW			
TO B	19a. INFORMANT'S NAME (Type/Print) MR. ALLEN HACK				OLD COU	RT RD.		MORE,		^{Code)} 2120	7
	23. PART I. Enter the diseases, of abock, or heart failure.	complications the	et coused the	death. Do r	6010	L LEVINSO REISTER: ode of dying, suc	STOWN	RD.	BALTY	2	Approximate interval Betw
ATION	23. PART I. Enter the diseased, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING	a. PN DUE TO b. ASP	EUP O (OR AS A CON	10N SEQUENCE OF	6010 not enter the mo	REISTER	STOWN	RD.	BALTY	2	Approximate interval Between
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(REHRINGER)

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

TO BE COMP	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION
examiner must be notified at once.	MPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
he funeral director, page 5 should be detached ral.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.
or death. Page 6 may be retained by the hospit	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The Jaw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospit

REGISTRAR 1. DECEDENT'S NAME (First	Afiridio Leeti			CERTIF	ICATE O	DEA	ГН	REG. N	0.		3. TIME OF DEATH
GEORGE		CKS. JR						MONTH 7	DAY 5	YEAR 91	6:24 P
4. SOCIAL SECURITY NUME		5. SEX	6. AGE (In yrs	last birthday)	IF UNDER 1 YEAR	UNDER 1 YEAR IF UNDER 24 HRS.		7. DATE OF BIRTH	3	a. BIRTH	PLACE (State or Foreign
213-10-4221		13∰M 2 ∏ F	7	'3 YRS.	MONTHS DAYS	HOURS	MIN.	8-24-17		VIRG	INIA
Se. FACILITY NAME (If not in	stitution, give st	reet end number)		7.1	9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUN					INTY OF DE	ATN
5688 Miner	al Hill	Road			Elder	sbur	g,		CARROLL		
RESIDENCE OF DEC	10b. COUNTY			100 017	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
MD	CARE				Eldersb			- L			LIMITS?
10e. STREET AND NUMBER		CODD	10f. ZIP CODE					10g. CITIZEN OF WI			
5688 Miner	al Hill				784			USA	1		
11. MARITAL STATUS	Married	12. WAS DECEDER FORCES?	WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO			13. WAS DECENDENT OF HISPANIC If yes, specify Cuben, Mexican,			Yes or No—	14. RACE Black	American Indian, White, atc.
						res 2 M NO Specify:					White
15. DEC (Specify on	EDENT'S EDUC ly highest grade	CATION completed)	16a	(Give kind of	Work done during	TION most of work	ng	16b. KIND OF I	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5		ille. Do NOT u							47.0
17. FATHER'S NAME (First, M	ficially 1 and	Ţ.	S	OPEKIN	TENDANT		HERIO MA	ME (First, Middle, Meid		TERI.	ALS
George W.								ret L I		AN	
19e. INFORMANT'S NAME (Type/Print)	700101		19b. MAILING	ADDRESS (Street	t end Nun.	or Rural	Route Number, City or	Town, State, Z	ip Codel	
MARGARET H	ICKS	(WIFE	()	5688	MINERAL	HILI	ROA	D, ELDERS	BURG. M	IARYL	AND 21784
MARGARET HICKS (WIFE) 5688 MINERAL HILL ROAD, ELDERSBURG, MARYLAND 20e. METHOD OF OISPOSITION 1								wn, State			
21. SIGNATURE OF FUNERA		CENSEE	1		22. NAME	ANO AOORE		CILITY			
146	ialh	de f						LS ROAD.			ERAL HOMES
ahock, or heart failure. List only offe cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST Carcinoma of the Lung Due to (or as a consequence of): Widely metastatic Due to (or as a consequence of): Due to (or as a consequence of):											Onset and Deaf
that initiated events	·T		- 17.	7.1.							
	"	d									
that initiated events		d	o deeth but n	ot reaulting	in the underly	ing ceuse	given in	PER	AN AUTOPSY FORMED?	246.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
that initiated events resulting in death) LAS PART II. Other signific	ent condition	d	o deeth but n	ot reaulting				1 TYES	FORMED?	246.	MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER?	ent condition	HOSPITAL:	H C		26. OTHER:	PLACE OF	DEATN (C/	PERI 1 YES	FORMED?	246.	AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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that initiated events resulting in death) LAS PART II. Other significations are significated as the signification of the signification of the signification of the signification of the signification of the signification of the significant of	ent condition	HOSPITAL: 1 inpatient 2 28e. DATE 0	□ ER/Oulpatie	vt 3 □ DOA	OTHER: 4 Nursing H ME OF 28c.	PLACE OF	DEATN (C)	PERI 1 YES	FORMED?		AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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that initiated events resulting in death) LAS PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF OEATN 1 Netural 5 2 Accident 3 Suicide 8 4 Homicide	ent condition TO MEDICAL Pending investigation Could not be detarmined	HOSPITAL: 1 Inpatient 2 28e. DATE 0 (Month, 28e. PLACE building	□ ER/Oulpatie F INJURY Day, Year) OF INJURY — / p, etc. (Specify)	28b. Til	OTHER: 4 Nursing H ME OF 28c, JURY M 1 [street, factory, o	PLACE OF ome 5XM NJURY AT WORK? YES 2	DEATN (C/	neck only one) 6 Other (Specify) 28d. DESCRIBE HO 28f. LOCATION (Sinciply or Rown, Sinciple)	W INJURY O	CCURED or Aural I	ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES: 2 NO
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	1 - STATE REGISTRAR	STATE OF MARY	LAND / DEPARTI CERTIFIC			MENTAL HYGIEN REG. NO		10000		
	1. DECEDENT'S NAME (First, Middle, Last) JOHN HOLLAND		JOHN D. HO	OLLAND	Y III V	2. DATE OF DEATH MONTH 0	AY YE. 01 9:			
	4. SOCIAL SECURITY NUMBER 331-18-5258	1 🔀 M 2 🗆 F	74 YRS.	7. OATE OF BIRTH (Month, Day, Year) APRIL 18/	17 v	HRTNPLACE (State or Foreign Country) WISCONSIN				
LOR	9a. FACILITY NAME (If not institution, give to THE JOHNS HOPK	INS HOSPITAL	,		RE CITY		9c. COUNTY OF DEATN BALTIMORE			
DIRECTOR	10e. STATE 10b. COUNT	Y		TOWN OR LOCATE			10d. INS LIN 1			
FUNERAL	100. STREET AND NUMBER 19681 SUMMER	LIN RD.	44	10f.	ZIP CODE	908	10g. CITIZEN OF WHAT COUNTRY? U.S.A.			
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE YES IF YES, GIVE WAR OR		If yes, sp	elfy Cuban, Mexic NO Speci	NIC ORIGIN? (Specify Year, Puerto Rican, etc.) fy:	Yes or No— 14. RACE — American Indian, Black, White, etc. Specify: WHITE			
COMPLETED	15. OECEDENT'S EDU (Specify only highest gradi Elementary/Secondary (0-12)		life. Do NOT use	rk done during mos	at of working		b. KIND OF BUSINESS/INDUSTRY TRACTOR COMPANY			
BE CON	17. FATHER'S NAME (First, Middle, Last) WILLIAM HOLLAND					AME (First, Middle, Meider E BREWIN	Surname)			
5	19e. INFORMANT'S NAME (Type/Print) ETZWEILER FUNERA	7405								
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Ren 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LI	\	206. PLACE AND DATE OF CEMERATORY OF SUSQUEHANN	A MFM.	(Name GARDENS ID ADDRESS OF F	7-3 YOF	CK TOWN	or Town, State SHIP. PA.		
	- William R		I			4905	YORK ROOMS. BA	OAD 21212 LTIMORE,MD.		
CERTIFICATION	iMMEDIATE CAUSE (Final disease or condition resulting in dasth) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS	aach lina.	1 D	de of dying, au	Syndran		Approximate interval Between Onset and Death 30 ac 5 3 da 45 12/ dag 5		
AL CERTIF	that initiated events resulting in death) LAST	d. TANGA	but not resulting in		g cause given le		N AUTOPSY PRMED?	24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO		
4: MEDIC	Non in such a	eperdett o	habetes Kortic	asleti	15M	1 VES	2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES NO		
BY PHYSICIAN: MEDIC	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	EXAMINER? HOSPITAL: OTHER:								
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — Al home, ferm, str pecify)	reet, factory, offic		28f. LOCATION (Stree City or Town, State	end Number or i	Rural Route Number,		
COMPLETED	CONSCRIPTION TO THE PROPERTY OF THE PROPERTY O	SICIAN: To the best of my kn IER: On the basic of axamina						ause(e) end manner as atated.		
TO BE	290. SIGNATURE AND TITLE OF CERTIFI	16-1/4		100	29c. LICENSE N		17/	GNED (Month, Day, Year)		
	30. NAME AND ADDRESS OF PENSON W	K. McQ.	vitty MS)	Johns	Hopkins	Hos	pita (
	31. DATE FILEO (Month, Daly, Year)	99 Julia	audson Rand	122						

3. TIME DF DEATH 0340

8. BIRTNPLACE (State or Foreign

2. DATE OF DEATN () 7

7. DATE OF BIRTN

STATE REGISTRAR

1. DECEDENT'S NAME (First Middle, Last)

5. SEX

4. SOCIAL SECURITY NUMBER

1 -

04-26-30 MARYLAND 216-24-3357 1 XXM 2 - F 61 permit. Pages 1, 2, 3 should 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF DEATN ST. AGNES HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? DIR MARYLAND BALTIMORE CATONSVILLE 1 WES XX NO FUNERAL 10e. STREET AND NUMBER 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 300 BLOOMSBURY AVENUE 21228 U.S.A. as the burial-transit 12. WAS DECEDENT EVER IN U.S. ARMED hours after death. Page 6 may be retained by the hospital or attending physician 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or No—If yes, specify Cuban, Mexican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 1 Never Married 2 Married WHITE BY 3 Widowed 4 Divorced ETED 16e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15, DECEDENT'S EDUCATION 18b. KIND OF BUSINESS/INDUSTRY use (Specify only highest grade comp 10 Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 8th AUTO MECHANIC OWN SHOP detached notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) AUGUST HOERI. GRACE **JONES** page 5 should be 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 ELLA NORA HOERL (WIFE) 300 BLOOMSBURY AVENUE CATONSVILLE, MD 21228 å 20a. METNOD OF DISPOSITION
1 Burlel 2 A Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c, LOCATION - City or Town, State DATE must director, METRO CREMATORY 7/6/91 CATONSVILLE, MD 4 Donation 5 Other (Specify) medical examiner 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 21. SIGNATURE OF FUNERAL SERVICE LICENSEE the funeral 1630 EDMONDSON AVE CATONSVILLE. MD 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or reepiratory strest, shock, or heart feliure. Liet only one cause on each line. Approximate 2 filled in Interval Between 00 **Onset and Death** IMMEDIATE CAUSE (Final the cremation. diseese or condition 3 days · miracevehral haemorrhage signed by the attending physician and completely Health and Mental Hygiene prior to burial, cremative LOR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within pRECTOR: After this certificate has been signed by the attending physician and completely hours after death with the State Dept. of Health and Mental Hygiene prior to burial, crematitem 28 is marked, or item 23 shows any injury, or other traumatic event, it resulting in deeth) DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): If any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significent conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24b, WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE 24s. WAS AN AUTOPSY PERFORMED? MEDICAL ulhosis iver 1 YES 2 NO OF DEATH? Thrombocyto penia 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATN (Check only one) HOSPITAL: OTHER: 1 YES 2 NO 1 D Inpatient 2 ER/Outpatient 3 DOA 4 Nursing Home 5 Residence 6 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 5 Pending Investige 1 Natural 1 YES 2 NO BY 2 Accident 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 28e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide ETED 6 Could not be 4 Homicide 29a. CERTIFIER

1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. COMPL THE HOSPITAL (THE FUNERAL (filed within 72 h TO THE HOSPITAL TO THE FUNERAL (De filed within 72 h HOSPITAL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) St. Agues Hospital 7-5-91 Arshad 0 hera 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATN (ITEM 27) (Type, Print) AHERA ARSHAN 5. A. H 31. DATE FILED (Month: Per: Year) 32. REGISTRAR'S SIGNATURE Julia Varidoon-Randall 9 DNMH-16 Rev 1/89

MARSHALL P. HOERL CERTIFICATE OF DEATH

REG. NO.

8. AGE (In yrs. lest birthdey) IF UNDER 1 YEAR IF UNDER 24 HRS.

MONTHS

DAYS

HOURS

MARSHALL P. HOERL

DHMH-16 Rev 1/89

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE REGISTRAR GEORGE J. HUEBSCHMAN JOERTIFICATE OF DEATH 2. DATE OF DEATHUT-U5-91 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 9 YEAR George J. Huebschman 7 A M 0 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 7. DATE OF BIRTH (Month, Day, Year)
FEB. 9, 8. BIRTHPLACE (State or Foreign MONTHS DAYS HOURS M 2 F 214-03-3809 YRS. 1913 MARYLAND 9e. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN DR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR MERCY HOSPITAL BALTIMORE RESIDENCE OF DECEDENT 10h CDUNTY 10e STATE 10c. CITY, TOWN DR LOCATION 10d. INSIDE CITY LIMITS? MARYLAND BALTIMORE CATONSVILLE 1 TES 2 XX 10e STREET AND NUMBER FUNERAL 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? MONTROSE MANOR COURT 21228 U.S.A. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES XXND IF YES, GIVE WAR OR DATES 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yea, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 X Married BY 3 Widowed 4 Divorced WHITE ETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) COMPL 12th CEO CANVAS MANUFACTURER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) GEORGE J. HUEBSCHMAN SR. MARY HUGHES BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Flural Route Number, City or Town, State, Zip Code) 2 ELIZABETH HUEBSCHMAN (WIFE) MONTROSE MANOR COURT CATONSVILLE, MD 21228 20a_METHOD OF DISPOSITION
1\(\text{Aburtal}\) 2 \(\text{Cremetion}\) 3 \(\text{Cremetion}\) Removal from State 20b. PLACE OF DISPOSITION (Name of cometery, crematory or 20c. LOCATION - City or Town, State SACRED HEART OF JESUS 4 Donation 5 Other (Specify) DUNDALK, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M & RUSSELL C WITZKE FUNERAL HOME 1630 EDMONDSON AVE CATONSVILLE 21228 23/PART VEnter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Finei 8 months disease or condition resulting in death) Metastatic gastric cap cenoma DUE TO (DR AS A CONSEQUENCE OF): CERTIFICATION Sequentially list conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part i. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) 1 TES 2 NO 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 27. MANNER OF DEATH 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 8 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide COMPLETED 8 Could not be 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the basic of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 135740 7-5-91 2 COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDRESS OF PERSON W 333 St Paul Pl MD w 31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGNATURE

10

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within \$\(\times \) incomes after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1 - STATE REGISTRAR	STATE OF MA	ARYLAND / DI	EPARTMEN'				MENTAL	HYGIENE REG. NO.	9	1	18356		
	1. DECEOENT'S NAME (First, Middle, Last)	Elizabe	eth Dyer					MONTH	DE DEATH DAY - 25-91	YE	AR	5:05 A M		
	4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. lest bli		DAYS	0.1			F BIRTH Day, Year)	8. E	SIRTHPLA Country)	CE (State or Foreign		
	578 26 7041	1 □ M 2 XXF	78	YRS.								ss.		
~	9a. FACILITY NAME (If not institution, give str			9b. CIT	9b. CITY, TOWN OR LOCATION OF DEATH					9c. COUNTY OF DEATH Montgomery				
0	10201 Grosvenors	Place			Rockville					Montg	omer	У		
DIRECTOR	10a, STATE 10b, COUNTY	Oc. CITY, TOWN	ITY, TOWN OR LOCATION					104						
	Md Montgo	Roc	kvil					1 YES 2 NO						
FUNERAL	10e. STREET AND NUMBER				101.	ZIP CODE				10g. CITIZEN OF WHAT COUNTRY?				
NEI	0201 Grosvenors		#1409 EVER IN U.S. ARME	0 10	WER OFC	2085		IC OBIGINS	(Specify Yes	USA	BACE _	American Indian.		
교	1 Never Married 2 Married	FORCES? 1 [13.	It yes, spe		n, Mexicar	s, Puerto R		J NO 14.	Black, W	hita, atc.			
ВУ	3 Widowed 4 Divorced	ir res, dive iii	IN ON DATES	no	1 163	2 🗆 110	ароспу.		no			ite		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade of	ATION completed)	(Give	DENT'S USUAL O	during mo		g	16b.	KIND OF BUS	NESS/INDUST	RY			
9	Elementary/Secondary (0-12)	College (1-4 or 5+)		NOT use retired.)							Caho	ما		
MP	12 +	4	R	etired	Admi	_		_	SSISUAI Hiddle, Maiden S		SCHO	OT		
	Rowland Sears Ho	wes Dver						el 1		,		Para l		
BE	19a. INFORMANT'S NAME (Type/Print)	Sweb byer		AAILING ADDRES	S (Street a	nd Number				, State, Zip Coo	de)	103		
5	William Haynes	Son	11	1317 As	hley	Driv	re, F	Rockv	ille,	MD 20	0852			
	20a. METHOD OF OISPOSITION 1	val from State	20b. PLACE OF other place	OISPOSITION (A	lame of cen	netery, cren	netory or		20c. LOC	CATION — City	TION — City or Town, State			
	21. SIGNATURE OF FUNERAL SERVICE LIC	losep Sr.Eml	h VanSan	t		W. Ba		2	State A					
	23. PART I. Enter the diseases, or deahock, or heart failure. I IMMEDIATE CAUSE (Finet disease or condition		se on each line.							ratory arreat	•	Approximete interval Between Onset and Death		
	reautting in death)	eaulting in death) Oue TO (OR AS A CONSEQUENCE OF):								1-				
ERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING b. Durance Out to (OR AS A CONSEQUENCE OF): Spond (Los CS)										486.00			
FICA	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEOU		por	0 -('	ا وم	2				(
CERTI	resulting in death) LAST	1										- G-SEX		
MEDICAL	PART II. Other aignificant condition	contributing to		uiting in the u	ınderiyin	g cause	given in	Part i.	24a. WAS AN PERFOR 1 YES 2	MED?	AN CI	ERE AUTOPSY FINDINGS MILABLE PRIOR TO DMPLETION OF CAUSE F DEATH?		
	0-(5)	phazis	(_			1	YES 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		ОТН		LACE OF C	DEATH (Ch	eck only or	10)					
YSIG	1 VES 2 NO	1 Inpetient 2	ER/Outpatient 3	DOA 4 N	ursing Hon	_	esidence	6 🗆 Othe						
BY PHY	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28s. DATE OF (Month, D	INJURY ay, Year)	28b. TIME OF INJURY M	W	JURY AT DAK? YES 2 [□ NO	28d. DES	28d. DEŞCRIBE HOW INJURY OCCUREO					
ETED B	3 Suicide a Could not be 4 Homicide determined	26a. PLACE O building.	F INJURY — At hom etc. (Specify)	e, farm, street, fa	ectory, offic	ca		281, LOC City	ATION (Street is or Town, State)	and Number or	Rural Rou	te Number,		
COMPLE	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICONE) 2 MEDICAL EXAMINE	CIAN: To the best of										nd menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIED	Man	du			29c. LIC	ENSE HU	MBER 273	}	29d. DATE S	IGNED (M	L8 191		
2	OR MANE AND ADDRESS OF REDSON WA	O COMBI ETED CAU	SE OF DEATH (ITEM	27) (Time Driet)		-								

7500 Hanover,

Greenbelt, MD

32 REGISTRAR'S SIGNATURE
Julia Davidson-Handa

36. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DR. FREDERICK CANTOR

20770

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TOTAL CHIEF	urs after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	- no to marked on the - 00 about any falling or other bosomode accord the madical ave
5	0	4
200	Dept.	20
Contro	State	140
5	the	-
2000	with	Acres of
1000	death	-
100	after	-
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1 -	FOR STATE REGISTRAR	STATE OF MAR			OF HEALTH AF		AL HYGIENE REG. NO.				
	ECEDENT'S NAME (First, Middle, Last) OCIAL SECURITY NUMBER	ANNA 5. SEX 6. A	LAURA		AGNER	MON 7	E OF DEATH DAY 8	91	3. TIME OF DEATH 3. /5 A		
2	17-16 -7337 FACILITY NAME (If not institution, give s	1 🗆 M 2 💢 F	74. YF	MONTHS		HN. (Mor	1/23/17	Coun	RYLAND		
5	HARBOR HOSPITAL				LTIMORE	OF BEATTI					
100. M	STATE 10b. COUNTY	E ARUNDEL	- 1	CITY, TOWN O		LEN BU	URNIE	179	10d. INSIDE CITY LIMITS? 1 YES 2 NO		
10e.	THE TAND NUMBER 7611 MCGOWAN AV	Ε.			101. ZIP CODE 21060			S.A.	WHAT COUNTRY?		
	MARITAL STATUS Never Married 2 Married Wildowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 Y IF YES, GIVE WAR O	YES 2 NO		WAS DECENDENT OF H If yea, specify Cuban, N I YES 2 NO	IISPANIC ORIG Aexican, Puerto Specify:	iN? (Specify Yee or No Rican, etc.)	14. RAC Blac Spe	CE — American Indian, ck, White, etc.		
TE LED	15, DECEDENT'S EDUI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kin	OT use retired.)	CCUPATION during most of working	16	Bb. KIND OF BUSINES		11822 22		
17. F	6 TH	NONE	CLE	RK	40 MOTHER	NAME (Fina	DRUG ST				
7.3					LAU		, Middle, Maiden Suma (NOT	me) KNOWN)			
190	IARRY H. MORGAN INFORMANT'S NAME (Type/Print)		19b. M.A	LING ADDRES	Lifa (Street and Number or						
	HARRY H. COOK, S.	R.			277 109 I				21660		
1 🖾	METHOD OF DISPOSITION Burlet 2 Cremetion 3 Rem Donation 5 Other (Specify)	oval from State	of cemetary, crem		OSITION (Name MORIAL PAI		TE 20c. LOCATIO				
-	BIGHATURE OF FUNERAL BERNICE LIC	engar Deta	T T	22.	NAME AND ADDRESS SINGLETON 1 SECOND A	OF FACILITY FUNERA	AL HOME				
Sec If a cau	disease or condition resulting in death) a. Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or): Due to (or as a consequence or):										
MEDICAL	RT II. Other algnificant condition Old Lo MGTA					en in Part I.	24a, WAS AN AUTO PERFORMED 1 YES 2	7	Ib. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH? 1 YES 2 NO		
PHYSICIAN:	WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHE							
1	MANNER OF DEATH Netural 5 Pending Investigation	1 Inpetient 2 ☐ ER. 28a. DATE OF INJI. (Month, Day, Ye	URY 28	OA 4 Nu	28c. INJURY AT WORK? 1 YES 2 N	28d. D	her (Specify) ESCRIBE HOW INJUR	Y OCCURED			
	2 Accident 3 Suicide 8 Could not be determined	28a. PLACE OF IN- building, etc.	JURY — At home, 1 (Specify)	arm, street, fac	tory, offica		OCATION (Street and N ity or Town, State)	umber or Rura	I Route Number,		
29a	ana)	ICIAN: To the best of my t							o(a) and manner as stated.		
₩ ²⁹⁶	SIGNATURE AND TITLE OF CERTIFIE	Vorreal Ca	ata		29c. LICENS	SE NUMBER	290	DATE SIGNE	8 - 91		
	NAME AND ADDRESS OF PERSON WE LEONEL DATE FILED (Month, Day, Vear)	V. (A M4)	SIGNATURE								
		JUL 9		Was De	day-1889						

6.13/11

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FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

	1. DECEMENT'S NAME (First,)	Migdle, Last)								2. DATE OF DEATH		3. TIME OF DEATH	
		KENNETH				MARTIN HARTLINE					07 07 9/ OS		
	4. SOCIÁL SECURITY NUMB		5. SEX	6. AGE (In yrs. last		IF UNDER	1 YEAR	IF UNDE	R 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	•	6. BIRTHPLACE (State or Foreign	
	217-58-0068		1 🛛 M 2 🗆 F	39	YRS.	MONTHS	DAYS	HOURS	MIN.			Country) MARYLAND	
	9a. FACILITY NAME (If not ins	stitution, give a	treet and number)									INTY OF DEATH	
DIRECTOR	UNIVERSITY		TAL	0		BALTIMORE							
EC	10a. STATE 10b. COUNTY					10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY							
E	MARYLAND	ANNE	ARUNDEI		PASADENA						1 Tes 2 No		
	10e. STREET AND NUMBER				101. ZIP CODE				Œ		10g. CITIZEN OF WHAT COUNT		
ER	1823 D	IVISIO	N ROAD		21122				2		S.A.		
BY FUNERAL		11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced 12. WAS DECEDENT EVER IN U.S. AI FORCES? 1 YES 2 Married IF YES, GIVE WAR OR DATES				NO 13. Was DECENDENT OF HISPANIC ORIGIN? (Spe If yes, specify Cuban, Maxican, Puerto Rican, 1 ☐ YES 2 △ NO Specify:					Black, White, etc. Specify:		
						1						WHITE	
COMPLETED	(Specify only	15. DECEDENT'S EDUCATION (Specify only highest grade completed)			CEDENT'S ive kind of Do NOT u	work done	during m	ON ost of work	ing	16b. KIND OF BUS	DUSTRY		
7	Elementary/Secondary (0 1 ()	Elementary/Secondary (0-12) College (1-4 or 5+) 10 NONE								OHERE	QUEBECOR		
M	17. FATHER'S NAME (First, MI	iddie Lasti	NONE	111	RESSM	MIN		18. MOT	HER'S NA	AME (First, Middle, Maiden			
	KENNETH A.		TNE							ARET KISSEN			
BE	19a, INFORMANT'S NAME (7)		TILL	191	b. MAILING	ADDRES	S (Street	_		Route Number, City or Tow		io Codel	
2		RUBY L. HARTLINE						10					
	20a. METHOD OF DISPOSITI			20b. PLACE	AND DAT	E OF DISP	OSITION			DATE 20c. LO	CATION -	- City or Town, State	
	1 Burial 2 Crematio 4 Donation 5 Qther		oval from State	of cemetary,				ERY		7-10 BR	OOKT.	YN PARK, MD	
	21. SIGNATURE OF PONERAL	L SERVICE LI	CENSEE /)					ESS OF F	JNERAL HOME		111 11111111 1111	
- 0	· Xlana	ru	0/1/12	chom.	/							JRNIE, MD 21061	
	23. FART I. Enter the di	seeses, or	complications th	et caused the de	ath. Do	_		_			_		
CERTIFICATION	IMMEDIATE CAUSE (Findisease or condition resulting in death) Sequentielly list conditing any, leeding to immecause. Enter UNDERLY CAUSE (Disease or injuthat initiated events resulting in death) LAS	DUENCE O	act	4	n Fe	cbr	· ·		Onset and Death Lay (Lay 2 yeas.				
MEDICAL	PART II. Other algorifice	reaulting	In the u	nderlyir	ng cause	given in	PERFOI	MED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?				
HAI	25. WAS CASE REFERRED TO EXAMINER?	O-MEDICAL						LACE OF	DEATH (C	heck only one)			
SIC	1 ☐ YES 2 ☐ NO		HOSPITAL:	☐ ER/Outpatient 3	□ DOA	OTHE 4 □ Nu		me 5 🗆 F	Residence	6 Other (Specify)	`		
PHYSICIAN:		Pending	28a. DATE ((Month,	Day, Year)	28b. TIR	ME OF JURY M	W	JURY AT ORK? YES 2	□ NO	26d. DESCRIBE HOW	INJURY O	CCURED	
TED BY	2 Decident	Investigation Could not be determined	28e. PLACE building	OF INJURY — At he	ome, farm,	street, fac	ctory, offi	ca		281. LOCATION (Street City or Town, State)		er or Rural Route Number,	
COMPLETED	one)									e to the cause(s) and ma		ated. the cause(a) and manner as stated.	
BE	29b, SIGNATURE AND TITLE	OFFICERTIFIE	Par 15	>				29c. LI	CENSE NU	MBER	29d. DA	TE SIGNED (Month, Day, Year)	
5	30. NAME AND ADDRESS O	F PERSON WI	HO COMPLETED CA	N DEATH OTE	M 27) (7)	Print)	M	non	e /	MD 212	201		
	31. DATE FILED (Month, Day,	Year)	32. REGIST	RAR'S SIGNATURE					1				
		199	1 200	7	market.								

0-70 14 70 70

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HIGH MAY THE DING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	HINE AND WHENTER After this certificate has been signed by the attending physician and complicitly filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	within 72 haugs, after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifiled at once.
TO THE HOSPIA	TO THE PUNERA	be filed within 7.	IMPORTANT: I

DALJIT S.

31. DATE FILED (Mogth, Day,

ML 09

1991

TO BE COMPLETED BY FUNERAL DIRECTOR

			R T I S			2. DATE OF DEATH	DAY	VEAR	3. TIME OF DEATH
LUCILLE			HA	NSON		0 7	03	91	3:30 PM
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las	77	HTHS DAYS	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	8. BIRT	HPLACE (State or Foreign try)
236-52-4321	1 M 2 F	86	YRS.	JATIO DATO	MOUNE MIN.	Feb. 22.	1905	Wes	st Virgini
99. FACILITY NAME (If not institution, give st NORTH ARUNDEL HO RESIDENCE OF DECEMENT		SSOCIAT			BURNIE	EATH	9c. CO	A.A	. COUNTY
10s. STATE 10b. COUNTY			10c. CITY, T	OWN OR LOCA			10d. INSIDE CITY LIMITS?		
Maryland Ann	ie Arunde		M	lillers	ZIP CODE				1 X YES 2 NO
550 Lanny Ct.				10	21108		10g. C	USA	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married	FORCES?	IT EVER IN U.S. AF	RMED	If yes, sp	ecify Cuben, Mexic	NIC ORIGIN? (Specify an, Puerto Rican, etc.			CE — American Indian, ck, White, etc.
3 Widowed 4 Divorced	W 723, GIVE	MIN ON DATES		I I VES	2 NO Speci	y.		Spec	White
15. DECEDENT'S EDUC (Specify only highest grade		(6	ECEDENT'S US live kind of work Do NOT use n	NUAL OCCUPATION OF THE PROPERTY OF THE PROPERT	ON st of working	18b. KIND OF	BUSINESS/I	NDUSTRY	
8			Homema	ker		Ou	on. Hon	ne.	
17. FATHER'S NAME (First, Middle, Last)						AME (First, Middle, Me.	den Surname)	
Andrew Jackson D	onaldsor					iet Cleme			er
198. INFORMANT'S NAME (Type/Print) Lois White		19				Proute Number, City or ersville,			8
20s. METHOD OF DISPOSITION	(-11-11-11-11-11-11-11-11-11-11-11-11-11	20b, PLACE	AND DATE O	F DISPOSITION	(Name	DATE 200	LOCATION	— City or T	fown, Stats
1 Burial 2 Cremation 3/k Remo	oval from Stala	- End o	crematory or	Trail	com.	CA	inton	will	0 (1)(/
21. SIGNATURE OF FUNERAL SERVICE LIC	CENSEE OF THE	2		ROBER	C. ALT	NCILITY ENBURG FL Rd. Balz	INERAL	. ном	E, INC.
23. PART I. Enter the diseases, or cahock, or heert failure.	complications the	et caused the de	eath. Do not	enter the mo	de of dying, su	ch ea cardiac or n	papiratory	arrest,	Approximate
	THE RESERVE TO SERVE THE PARTY OF THE PARTY	200							Interval Betw
IMMEDIATE CAUSE (Final disease or condition resulting in death)	Rig	ur L	rwo	ho	be 1	nem	رم		Interval Betw Onset and D
disease or condition	a. Reg	UI- L	OUENCE OF):	ho ho	be 1	nem - Ans	wil	•	
disease or condition resulting in death)	DUE TO	UI- L OUR AS A CONSE	OUENCE OF):	e ho	be 1	nem - Jus'	wil	2	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	DUE TO	O (OR AS A CONSE	CHENCE OF.			nem - Jus'	wit	2	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO	O (OR AS A CONSE	GUENCE OF:	e to		nom - Jus'	wit		
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO	O (OR AS A CONSE	GUENCE OF):			nem - Jus'	lord	2	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in deeth) LAST	c. DUE TO	O (OR AS A CONSE O (OR AS A CONSE	GUENCE OF):	volue 9			lvl		
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c. DUE TO	O (OR AS A CONSE O (OR AS A CONSE	GUENCE OF):	volue 9		Part I. 24a. WA	3 AN AUTOPS		Onset and Do
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Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury thet initiated events resulting in deeth) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be detarmined	DUE TO C. DUE TO d. HOSPITAL: 1 Inputient 2 28s. DAACE building	O (OR AS À CONSE O (OR AS À CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS A CONSE O (OR AS À CONSE O (OR AS À CONSE O (OR AS À CONSE O (OR AS À CONSE O (OR AS À CONSE O (OR AS À CONSE O (OR AS À CONSE O (OR AS À CONSE	reaulting in DOA 4 28b. TiME (in)JUP	the underlying 26. POTHER: Nursing Horotry M 1 pet, factory, officers	g cause given in	heck only one) 8 Other (Specify) 28d. DESCRIBE H	S AN AUTOPS FORMED? \$ 2 NO	OCCURED	Ib. WERE AUTOPSY FIND AWAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO

/1600 CRAIN HIGHWAY, S.W. #202/GLEN BURNIE, MARYLAND 2106

use as the burial-transit permit. Pages 1, 2, 3 should

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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	executed	and and
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FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH 1 DECEDENT'S NAME (First Middle Leat) 2 DATE OF DEATN 3. TIME OF DEATH YEAR 7 1991 **JAROSLAW** ILCZYTYN 00:39 MYRON 5 AM A SOCIAL SECURITY NUMBER 5. SEX IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. BIRTNPLACE (State or Foreign 6. AGE (In vrs. les) birthdey) 7. DATE OF BIRTN 8/21/53 DAYS HOURS 1 😾 M 2 🗆 F 216-62-0773 YRS Maryland 9a. FACILITY NAME (If not institution, give street end number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATN CUMBERLAND MEMORIAL HOSPITAL CUMBERLAND ALLEGANY COUNTY DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY LIMITS? Maryland N/A Baltimore City 1 X YES 2 NO 10e. STREET AND NUMBER FUNERAL 10f ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 522 Baltic 21225 Avenue, USA 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 11 MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-If yes, apecify Cuben, Mexican, Puerto Rican, etc.) 14. RACE — American Indian, Black, White, etc. 1 Never Married 2 Merried 1 TES 2X NO Specify: Specify: BY 3 Widowed 4 Divorced White COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working
life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 185 KIND OF BUSINESS/INDUSTRY Elementary/Secondary (0-12) College (1-4 or 5+) Peake Trucking Co. Truck Mechanic 12th Grade 17. FATHER'S NAME (First, Middle, Last) 18. MOTNER'S NAME (First, Middle, Malden Surname) Ilczytyn Prokopczyk Ilczytyn notified at Marv BE 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 19a. INFORMANT'S NAME (Type/Print) 2 Mrs. Catherine Myers 115 Jack Pine Drive, Pasadena, Maryland 21122 P 20a. METNOD OF DISPOSITION
1 N Buriel 2 Cremation 3 Removal from State 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State must Glen Haven Memorial Park Glen Burnie, Maryland 4 Donetion 5 Other (Specify). 21. SIGNATURE OF FUNERAL SERVICE LICENSEE examiner 22. NAME AND ADDRESS OF FACILITY Kevin E. Ecker McCully Funeral Home of Brooklyn 237 E. Patapsco Ave., Balto., Md. 21225 medicai 23. PART I. Enter the disasses, or complications that caused the desth. Do not enter the mode of dying, such as cardisc or respiretory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final Interval Retween cremation, or r Onset and Daath the disease or condition 1 GUNSHOT reaulting in death) traumatic event, DUE TO (OR AS A CONSEQUENCE OF). burial, CERTIFICATION Sequentielly list conditions. OUF TO (OR AS A CONSEQUENCE OF)-9 if any, leading to immediate prior t . Enter UNDERLYING CAUSE (Disease or Injury other DUE TO (OR AS A CONSEQUENCE OF): thet initiated events resulting in death) LAST 6 injury. PART II. Other algnificent conditions contributing to death but not reaulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AMAIL ARLE PRIOR TO COMPLETION OF CAUSE ашу YES 2 NO 1 YES 2 NO PHYSICIAN: 23 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) State | Hem **EXAMINER?** OTHER: 1 X YES 2 NO 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA 4 - Nursing Home 5 - Residence 8 - Other (Specify) the 0 27. MANNER OF DEATN 28e. DATE OF INJURY 286. TIME OF INJURY 2300 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED marked, with (7-4-1991 1 Netural 5 Pending M SUBJECT SHOT BY RIFLE 1 YES 2 NO BY After 2 Accident Investigation 28s. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, 3 Sulcide 8 Could not be determined -00 COMPLETED ETZEL RD. GARRETT CO.MARYLAND after Nomicide ROAD 28 TO THE HOSPITAL OR ATT TO THE FUNERAL DIRECTS DE filed within 72 hours at IMPORTANT; If Item 2 29e. CERTIFIER 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated 2 MEDICAL EXAMINER: On the of examination end/or investigation, in my opinion, death occured at the time, date end place, and due to the cause(e) and manner se stated. SIGNATURE AND TITLE OF CERTIFIER 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE O.C.M.E. 07-05-1991 2 WHO COMPLETED CAUSE OF DEATH/(ITEM 27) (Type, Print) JR. MOX GOLVE

32. REGISTAAR'S SIGNATURE

111 PENN STREET BALTIMORE CITY, MARYLAND 21201

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to buriar, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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	fiddle, Last)	JOHN	SONG	enevie	eve M. J	chrison	2. DATE OF I	DEATH		YEAR	3. TIME OF DEATN
4. SUIAL SECURITY NUMBER 2/2 2869	R 5.		6. AGE (In yrs. lest birt	thday) IF	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF E (Monthly De 2 / 03	HRTH y, Year)		. Country	
9a. FACILITY NAME (If not instit	//	_ 7	00		CITY, TOWN C	R LOCATION OF D		3/ 190		Balt NTY OF D	imore MD
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RESIDENCE OF DECE	DENT	,	10	o CITY TI	OWN OR LOCAT	ION					10d, INSIDE CITY
mD.	Bu	Utim.	nee		Baltim						LIMITS?
10e. STREET AND NUMBER						ZIP CODE			10g. CITI	ZEN OF W	THAT COUNTRY?
			1 Atkins			212				S.A.	
11. MARITAL STATUS 1 Never Married 2 Me Widowed 4 Divorce	arried	FORCES? 1 IF YES, GIVE W	EVER IN U.S. ARMED)	13. WAS DEC	ENDENT OF HISPA Softy Cuban, Mexica 2/2/NO Specific	NIC ORIGIN? (S an, Puarto Ricar ly:	pecify Year n, etc.)	or No—	14. RACE Black Speci	- American Indian, , White, atc. by: White
15. DECEO (Specify only h	DENT'S EDUCATION	ION opieted)	16a. DECED	ENT'S USI	UAL OCCUPATION MO	N st of working	16b. KIN	O OF BUS	NESS/INC	DUSTRY	
Elementary/Secondary (0-12		College (1-4 or 5+)	We Do	NOT use re	ed Serv		0	choo]	Cod	Fator	·i a
8th 17. FATHER'S NAME (First, Midd	dle, Last)			100	d Serv	18. MOTHER'S NA		-		recei	La
Robert I		chroede	r				et Lyn				
19a. INFORMANT'S NAME (Type		1	and the same of			nd Number or Rural					
Mr & Mrs Jose			-			Avenue	Balt				
200 METHOD OF DISPOSITION A □ Burlel 2 □ Cremetion 4 □ Donation 5 □ Other (S)	3 Removal	from State	20b. PLACE OF other place)			netery, crematory or				City or To	
21. SIGNATURE OF FUNERAL S		SEE		Park		emetery D ADDRESS OF FA	ACILITY D				
> 1/10 C	dla	00 (penter	1	2624	Falls Rd		_			neral Home Land 2121
disease or condition resulting in death)	a	FX	OR AS A CONSEQUE	NCE OF):	oid pr	Proc	ress	ь.	la	ten	
Sequentially list condition if eny, leeding to immedia ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	ete G	DUE TO	OR AS A CONSEQUE	NOE OF J.							
if eny, leeding to immedia ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events	c		OH AS A CONSEQUE		the underlyin	g ceuse given ir		PERFOR	AUTOPSY MED?		WERE AUTOPSY FINDIN AWALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withinours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bu be filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	SINIE UF MANI		ICATE OF		REG. NO		
1. DECEDENT'S NAME (First, Middle, Last) 4. SOCIAL SECURITY NUMBER	OX 8. AG	KODIC IE (In yrs. Ideal birthday)	WITZ IF UNDER 1 YEAR	IF UNDER 24 HRS.	2. DATE OF DEATH MONTH D. 7. DATE OF BIRTH	X6 9	3. TIME OF DEATH 20/5 M SIRTHPLACE (State or Foreign
524-40-1212	1 🗆 M 2 🗡 F	93 YRS.	MONTHS DAYS	HOURS MIN.	(Morith, Day, Year)	98	MARYLAND
98. FACILITY NAME (If not institution, give: BALTIMORE COUNTY		SPITAL		NDALLST		9c. COUNTY	
BALTIMORE COUNTY RESIDENCE OF DECEMENT 108. STATE MARYALND 109. COUNT	Υ	10c. CIT	Y, TOWN OR LOCA	TION ALTIMORE			10d. INSIDE CITY UMITS? 1 YES 2 NO
10e. STREET AND NUMBER 6712 WESTBROOK F 11. MARITAL STATUS 1 Never Married 2 Merried	D.		10	ZIP CODE 212	15	10g. CITIZEN	OF WHAT COUNTRY?
3 Wildowed 4 Olvorced	12. WAS DECEDENT EVE FORCES? 1 YOU IF YES, GIVE WAR OF	ES 2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.) y:		RACE — American Indian, Black, White, atc. Specify: WHITE
15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12 17. FATHER'S NAME (First, Middle, Last)	CATION o completed) College (1-4 or 5+)	(Give kind of life. Do NOT u		ON list of working TREASURE	166. KIND OF BU	SINESS/INDUST	
17. FATHER'S NAME (First, Middle, Last) HENRY FOX					ME (First, Middle, Melder SALLY SPRII	/	
196. INFORMANT'S NAME (Type/Print) MRS. BARBARA RIN	IDER		ADDRESS (Street		BALTIMORE		
20a_METHOD OF OISPOSITION 1	noval from State	20b. PLACE OF DISPO other place) HAR	SINAI			OCATION — CITY INGS MI	or Town, State LLS, MD
21. SIGNATURE OF FUNERAL SERVICE L	CENSEE		22. NAME A		STOWN RD.		, MD 21215
Sequentially list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR A	IS A CONSEQUENCE OF	OF):	ST			MINUTES
PART II. Other eignificant condition	d	h but not resulting	In the underlying	g ceuse given ir		RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	HOSPITAL:	Outpetled 3 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)		
27. MANNER OF DEATH 1 Metural 6 Pending 2 Accident Investigation	28a. DATE OF INJUI (Month, Day, Yea	RY 28b, TII	ME OF 26c. IN	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCUR	ED
	28e. PLACE OF INJUDUILIDING, etc. (5	URY — At home, farm, Specify)	street, factory, offi	D O	281. LOCATION (Street City or Town, State		Bural Route Number,
CONTROL OTHY	SICIAN: To the best of my ki						suse(a) and menner as stated.
Mushiforn /	HO COMPLETED CAUSE OF	DEATH (ITEM 27) (Top	Print)	29c. LICENSE NI D386	75	29d. DATE SI	GNED (Month, Day, Year)
JOEL MESHULF	M 302 G	EGNSPRIN HIGHATURE	G STATE	INTE	HERVILLE !	MD 3	21093
JOFA	991 Julia De	vidson-Rande	AL.				

OHMH-16 Rev 1/89

DHMH-16 Rev 1/89

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after beam. Page 6 may be retained by the hospital of attending physician.	this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi		
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A	tifica	e St	and or item 23 shows any injury or other traumatic avent the medical examiner must be notified at once
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TO BE COMPLETED BY FUNERAL DIRECTOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	BEG NO

- STATE REGISTRAR	STATE OF MARYL	AND / DEPARTA CERTIFIC			MENTAI	REG. NO.			
DECEDENT'S NAME (First, Middle, Lest) BERNARD		KLEJ	[N		2. OATE MONTH 07	OF OEATH DAY	1991	3. TIME OF OEATH 10:45 P	
SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.		0F BIRTH 26/1924	8. BIRTHPLACE (State or Foreign MARYLAND)		
a. FACILITY NAME (If not institution, give a	street and number)	90	b. CITY, TOWN C	PPERCO DE	ATH		ec. COUNTY OF	DEATH	
FARM-4301 MT.	CARMEL ROAD						BAL	TIMORE	
le. STATE 10b. COUNT		10c. CITY, T	OWN OR LOCAT	ION				10d. INSIDE CITY	
MARYLAND BA	LTIMORE		UPPER	20				1 YES 2 NO	
4301 MT - CARMEL	RD.		101	21155			10g. CITIZEN O	F WHAT COUNTRY?	
I. MARITAL STATUS Never Married 2 Married Widowed 4 Divorced	lever Married 2 Married FORCES? 1 XES 2 NO			ENDENT OF HISPAN ecity Cuban, Mexica NO Specifi	n, Puerto I		BI	ACE — American Indian, ack, White, etc. eccity: WHITE	
15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECEOENT'S US	k done during mo		16b	KIND OF BUSIN	IESS/INDUSTRY		
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use n	etired.)			7.	CD TCTT !	m io e	
12			ARMER				GRICUL!	TOKE	
SAMUEL ALEC	KLEIN			16. MOTHER'S NA	- ' - '	viddle, Melden Su REBECCA		ΔV	
a. INFORMANT'S NAME (Type/Print)	MULL	19h MAH ING 45	ORESE (See)	nd Number or Rural :				7.	
LOUIS KLEIN				l BLAIR					
a, METHOD OF DISPOSITION M. Burlai 2 Cremation 3 Ren	201	, PLACE AND DATE O			OAT		TION — City or	Town, Btata	
X Burial 2 ☐ Cremation 3 ☐ Ren ☐ Donation 5 ☐ Other (Specify)	noval from State of	SHAARET Z	TON (Seco)	7/	8/91		SEDALE		
3. PART / Enter the diseases, or shock, or heart failure.	complications that caused	I the death. Do not ach line.	6010	OF ADDRESS OF FA SOL LEV REISTER de of dying, suc	STOW	N RD.	BALTIM		
dequentially list conditions, is any, leading to immediate lause. Enter UNDERLYING LAUSE (Disease or injury hat initiated events esuiting in death) LAST	bDUE TO (OR AS A	CONSEQUENCE OF):	W	hore					
ART ii. Other significent condition	ns contributing to deeth b	out not resulting in	tha underlyin	g cause given in	Part i.	24a, WAS AN AI PERFORM 1 DAYES 2	ED?	24b. WERE AUTOPSY FINDIN ANALABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 X YES 2 \(\sqrt{1}\) NO	
. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (C)	eck only o	76)			
WAS CASE REFERRED TO MEDICAL FRAMINER? YES 2 NO	HOSPITAL: 1 ☐ Inpetient 2 ☐ ER/Outp		THER:	ACE OF DEATH (C)			I	FARM	
EXAMINER? YES 2 NO MANNER OF OEATH			THER: Nursing Hor		8 Other				
YES 2 NO	1 □ Inpatient 2 □ ER/Outs 28a. DATE OF INJURY (Month, Day, Year) 07 06 1	28b. TIME (INJUR	OTHER: Nursing Honor OF 28c. IN. W	Ne 5 Residence	28d. DE	F (Specify) SCRIBE HOW IN.	ER IN	NOWER_	
EXAMINER? YES 2 NO MANNER OF DEATH Investigation S Suicide S Could not be	28a. DATE OF INJURY (Month, Day, Year) 07 06 28a. PLACE OF INJURY	28b. TIME (INJUR 991 7:45P — At home, farm, stre	OTHER: Nursing Honor OF 28c. IN. W	Ne 5 Residence	28d. DE:	er (Specify)	ER IN	NOWER_	
MANNER OF OEATH Netural Accident S Suicide Homicide S Could not be determined	28a. DATE OF INJURY (Month, Day, Year) 07 06 28e. PLACE OF INJURY	28b. TIME (INJUR 991 7:45P — At home, farm, stre	OTHER: Nursing Honor OF 28c. IN. W	Ne 5 Residence	28d. DE: ELL 28f. LOC Chy	F (Specify) SCRIBE HOW INL LUNC ATION (Street an	ER N	NOWER_	
TAMINER? T YES 2 NO 7. MANNER OF OEATH 1 Netural 5 Pending investigation 3 Suicide 8 Could not be determined 9e. CERTIFIER 1 CERTIFYING PHYS	28a. DATE OF INJURY (Month, Day, Year) 07 06 28e. PLACE OF INJURY	28b. TIME (1) 28b. TIME (1) 29b. TIME (1) 20	OTHER: Nursing Hon OF 28c. IN, Y M J Det, factory, office at the time, date	NURY AT NEXT PER S 2 NO	28d. DE:	SCRIBE HOW IN. LUNE ATION (Street an or Town, State) 301 MTP use(a) and mann	TER 1N d Number or Ru CARME or as stated.	PART ROAD	
7. MANNER OF OEATH 1 Netural 2 Accident S Pending Investigation 3 Suicide S Could not be determined 9e. CERTIFIER 1 CERTIFYING PHYS	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) O.7 O.6 28e. PLACE OF INJURY building, etc. (Spe- SICIAN: To the best of my know	28b. TIME (1) 28b. TIME (1) 29b. TIME (1) 20	OTHER: Nursing Hon OF 28c. IN, Y M J Det, factory, office at the time, date	URY AT SECOND TO SECOND	28d. DE:	or (Specify) SCRIBE HOW IN. ATION (Street en or Town, State) 30 1 MT use(a) and mann a and place, and	CARME or as stated, due to the cau	EI. ROAD se(a) and manner as stated HED (Month, Day, Year)	
FXAMINER? T YES 2 NO NAMNER OF OEATH Accident 3 Suicide 4 Homicide Pa. CERTIFIER 1 CERTIFYING PHYS EDICAL EXAMIN Ob. SIGNATURE ND TITLE OF CERTIFIE	1 Inpatient 2 ER/Outs 28e. DATE OF INJURY (Month, Day, Year) O.7 O.6 28e. PLACE OF INJURY building, etc. (Spe- SICIAN: To the best of my know	28b. TIME (1 NUF P) 2 - At home, farm, structly) FARM redge, death occurred in and/or investigation,	OTHER: Nursing Hon Nursing Hon Nursing Hon Nursing Hon Nursing Hon Nursing Nu	NO 5 Residence SURY AT SPK? YES 2 NO e and place, and du	28d. DE:	or (Specify) SCRIBE HOW IN. CATION (Street en or Town, State) 30 1 MTP use(e) and mann a and place, and	CARME or as stated. due to the cause 29d. DATE SIGN	EI. ROAD	

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR	The state of the s	CERTIFIC	CATE OF DEATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATH	u uma	3. TIME OF OEATH
MARY C.KAL	ACZYNSK A			07 03 b	1991 YEA	3:00 A M
4. SOCIAL SECURITY NUMBER 813.16.9174A		(In yrs. lest birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 6 - 2 - 0 2	C	RYLAND
9a. FACILITY NAME (If not institution, give THE JOHNS HOP			96. CITY, TOWN OR LOCATION OF D BALTIMORE	EATH	9c. COUNTY C	IMORE CITY
RESIDENCE OF DECEDENT						
MARYLAND 106. COUNT	TY		TOWN OR LOCATION IMORE			10d, INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 836 PONCA STRE	ET	201	101. ZIP CODE 21224		USA	OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYES IF YES, GIVE WAR OR	2 NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puarto Rican, etc.)	3	RACE — American Indian, Black, White, etc. Specify: HITE
15. OECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	(Give kind of wo		15b. KINO OF BU		
6 YEARS		HOMEMA	IKER			
17. FATHER'S NAME (First, Middle, Last)	CIECH	ANOWICZ	16. MOTHER'S N	AME (First, Middle, Malden	Surname)	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street and Number or Rura	Route Number, City or Yow	n, State, Zip Code	9)
MRS. DOROTHY A	NDRYS7AK	The second second	ONCA STREET		The second second	
20a. METHOD OF DISPOSITION 1 Several 2 Cremation 3 Red 4 Donation 5 Other (Specify)	2	0b. PLACE AND DATE	OF DISPOSITION (Name of other place) I SLAUS. CEMET	DATE 20c. LO	CATION — City of	or Town, State
21. SIGNATURE OF FUNERAL SERVICE OF		h;	22. NAME AND ADDRESS OF F KACZOROWSKI 2525 FLEET	FUNERAL	HOME	
disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DIC-D DUE TO (OR AS a AVTENIAL	A CONSEQUENCE OF A CONSEQUENCE OF A CONSEQUENCE OF	ated Intrav	escular	1 -bagul	ation thin adays.
that initiated events resulting in death) LAST PART JI. Other algnificent conditions and the second	d			n Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS AMULABLE PRIOR TO
aementa	, atrial	7 10/1/14	7781	1 TES 2	2 □ NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH			26. PLACE OF DEATH (C	Check only one)		
EXAMINER?	HOSPITAL:	tpatient 3 DOA	OTHER: 4 - Nursing Home 5 - Realdence	6 Other (Specify)		14
27. MANNER OF DEATH 1 Natural 5 Pending	26a. DATE OF INJURY (Month, Day, Year)	25b, TIME	OF 28c. INJURY AT	28d. DESCRIBE HOW	INJURY OCCURE	ED
2 Accident Investigation 3 Suicide 6 Could not b 4 Homicide detarmined	26e, PLACE OF INJUI	RY — At home, farm, st ecily)	reet, fectory, office	26f. LOCATION (Street City or Town, State)		ural Route Number,
CONSUM OTHY			d at the time, deta and place, and de i, in my opinion, death occured at th			use(s) and menner as stated.
296, SIGNATURE AND TITLE OF CERTIF	MD		J795	UMBER	29d. DATE SK ▶ 7/3	GNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON V	ns Hospit	a/	Print)			
31. DATE FIXED (Month, Day, 1681)	Julia Davids	on fandell				

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

FOR 1 - STATE REGISTRAR	STATE OF MARYLAN		TOF HEALTH AND	MENTA	L HYGIENE REG. NO.		
1. DECEDENT'S NAME (First, Middle, Lest) Emory	M. Kaiser	dd,		2. DATE	OF DEATH DAY	YEAR	ME OF DEATH 1:35 AM M
	© M 2 □ F 88	YRS. MONTH	ER 1 YEAR IF UNDER 24 HRS. B DAYS HOURS MIN. TY, TOWN OR LOCATION OF	APR1	L 8, 1903	8. BIRTHPLACE Country) MARYL.	E (State or Foreign AND
ST. AGNES HSOPITAL		F	BALTIMORE				
100. STATE 100. COUNTY MARYLAND BALT	IMORE	10c, CITY, TOWN	NSVILLE			1 🗆	INSIDE CITY LIMITS? YES 2 X NO
100. STREET AND NUMBER 7417 INWOOD AVENUE			101, ZIP CODE 21228			S.A.	COUNTRY?
11. MARITAL STATUS 1 Never Married 2 XMerried 3 Wildowed 4 Divorced	. WAS DECEDENT EVER IN U.S. FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES	NO	3. WAS DECENDENT OF HISP If yes, specify Cuben, Mexi 1 YES 2 NO Spec	can, Puarto		14. RACE — Ar Black, Whit Specify:	mericen indian, ie, etc.
15. DECEDENT'S EDUCATI (Specify only highest grade con Elementary/Secondary (0-12)		e. DECEDENT'S USUAL (Give kind of work do life. Do NOT use retired	ne during most of working	16b	. KIND OF BUSINESS/INDL	JSTRY	
12		MAINTENA			METAL WO	RKS	
17. FATHER'S NAME (First, Middle, Last) JOHN KAISER			18. MOTHER'S I		Middle, Maiden Sumame) [MMERMAN]		
19e. INFORMANT'S NAME (Type/Print)		19b. MAILING ADDR	SS (Street and Number or Run			Code)	
EUNICE KAISER (WIFE)	7417 INV	WOOD AVENUE,	RICTA	SVILLE, MARY	LAND	21228
20e. METHOD OF DISPOSITION 1 X Buriel 2 Cremation 3 Removal 4 Donation 5 Other (Specify)		LACE AND DATE OF DI tetary, crematory or other OLIVE CI		7/10/			
21. SIGNATURE OF FUNERAL SERVICE LICENS	Ika L	I	EROY M. & RU .630 EDMONDS	SSELI			
shock, or heart fellure. List IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events resulting in death) LAST	Septic DUE TO/OR AS A CO PNEUM	Succession Superior S	le Les				Interval Betwee Onset and Deat
PART II. Other algnificent conditions of	ontributing to death but	not resulting in the	underlying cause given	In Part I.	24s. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	AWAII COM OF D	E AUTOPSY FINDINGS ABLE PRIOR TO PLETION OF CAUSE EATH? YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			26. PLACE OF DEATH (Check only o	ne)		
1 U YES 2 NO 1	OSPITAL:	omt 3 🗆 DOA 4 🗀	IER: Nursing Home 5 🗀 Residence	e 8 □ Oth	er (Specify)		
27. MANNER OF DEATH 1 Natural 8 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME OF INJURY	28c. INJURY AT WORK? 1 YES 2 NO	28d. DE	SCRIBE HOW INJURY OCC	CURED	
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — building, etc. (Specify)	Al home, ferm, streel,	lactory, office		CATION (Street and Number or Town, State)	or Rural Route	Number,
CONSCR ONLY	N: To the best of my knowleds						menner as stated.
29b. SIGNATURE AND TITLE OF CERTIFIER	- Med	. Reside	20c. LICENSE N			e signed (Mor	
30. NAME AND ADDRESS OF PERSON WHO	OMPLETED CAUSE OF DEATH	H (ITEM 27) (Type, Print)	1/000:00	. 9	an (ATO)	1015	111 - 21

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. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retain	DIRECTOR: After this cartificate has been signed by the attending physician and completely filled in by the funeral director, page 5 sho hours after death with the State heart of Health and Mental Hadlere endo to build command on command.	item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notifi
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within	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the findus after death with the State Bent of Health and Mental Hydlene note to build incomation or remove	rent,
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31. DATE FILEO (Month, Day, Year)

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HOSPITAL

18366 91 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH REG. NO. DECEDENT'S HAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Frances Camille Karpers 10:00 a July 7 1991 4. SOCIAL SECURITY HUMBER 5. SEX 6. AGE (In yrs. last birthday) 7. DATE OF BIRTH (Month, Day, Year) 1/5/12 IF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 219-18-4755 1 M 2 XX 79 DAYS HOURS Maryland 9a. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR 1501 West Lombard Street Baltimore RESIDENCE OF DECEDENT 10b. COUHTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY MD Baltimore XX YES 2 HO FUNERAL 10e. STREET AND HUMBER 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 1501 West Lombard Street 21223 USA 12. WAS DECEOENT EVER IN U.S. ARMEO FORCES? 1 YES 2 NO 13. WAS DECEMOENT OF HISPANIC ORIGIN? (Specify Yes or No—
If yes, specify Cuban, Mexican, Puerto Rican, etc.)
1 YES X(XHO Specify: . 11. MARITAL STATUS 14. RACE — American Indian, Black, White, etc. 1 Hever Married XX Married IF YES, GIVE WAR OR DATES BY 3 Widowed 4 Divorced ₩hite COMPLETED 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16a. DECEDENT'S USUAL OCCUPATION 16b. KIHD OF BUSINESS/INDUSTRY on of working Elementary/Secondary (0-12) College (1-4 or 5+) unknown homemaker own home 17. FATHER'S HAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) notified at Paul F. LaPlanche Elizabeth Fallon BE 19a. IHFORMAHT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 9 Elizabeth Swancar 9206 Dunloggin Rd/Balto. MD 21042 9 20a. METHOD OF DISPOSITION

XX Buriel 2 Cremation 3 Removal from State 20b. PLACE AND DATE OF DISPOSITION (Name of 20c, LOCATION — City or Town, Stata emetary, crematory or other place! Crestlawn Memorial 7/10/91 Howard Co. MD 4 Donetion 5 Other (Specify) 21. SIGNATURE DE FUHERAL SERVICE (TOEHSEE 22 Sterling Ashton Funeral Home, Inc. 12 736 Edmondson Ave/Balto. MD 21228 23. PART i. Enter the diseases, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate shock, or heart failure. List only one cause on each line IMMEDIATE CAUSE (Final **Onset and Death** disease or condition resulting in death) DUE TO (OR AS A CONSEDUENCE OF): CERTIFICATION Sequentially list conditions. DUE TO (OR AS A CONSEQUENCE OF): if sny, leading to immedista CAUSE Enter UNDERLYING CAUSE (Disesse or injury DUE TO (OR AS A CONSEDUENCE OF that initiated events resulting in death) LAST PART il. Other aignificant conditions contributing to death but not resulting in the underlying cause given in Part i. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FIHDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE 1 YES 2 NO OF DEATH? 1 TES 2 THO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 28. PLACE OF OEATH (Check only one) EXAMINER? HOSPITAL: OTHER:
4 | Nursing Home 5 | Mesidence 8 | Other (Specify) 1 YES 2 NO 1 | Inpatient 2 | ER/Outpatient 3 | DOA 27. MANNER OF OEATH 28e. DATE OF IHJURY (Month, Day, Year) 28c, INJURY AT WORK? 28d, OESCRIBE HOW INJURY OCCURED 1 Natural 5 Pending BY 1 YES 2 NO 2 Accident Investigation 3 Suicide 28a. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 8 Could not be datermined COMPLETED 4 Homicide 29a. CERTIFIER

(Chack only

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated. 2 MEDICAL EXAMINER: On the besis of axamination end/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and menner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE he

permit. Pages 1, 2, 3 should

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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TEN	10H:	after	28
R AT	REC	SUL	E
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nous after death. Page 6 may be retained by the hospital or	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for u	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: It liem 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
SPIT	NER	hin 7	H.
9	FE	1 with	HTAI
H	H	filec	100
5	2	2	=

		CERTIF	ICATE O	F DEATH_	REG. N	10.	
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH MONTH	DAY	3. TIME OF DEATH
	SEX 6. AGE (1	n yrs. last birthday)	KAUFMAN IF UNDER 1 YEA		7. DATE OF BIRTH	~	91 1:55 AN
	D	83 YRS.	MONTHS DAY		(Month, Day, Year,		Country) VIRGINIA
9a. FACILITY NAME (If not institution, give street		0.5	96. CITY, TOW	N OR LOCATION OF D		9c. COUNT	Y OF DEATH
NORTH ARUNDEL HOS	SPITAL_ASSOC	CTATION	GLI	EN BURNTE			A.A. COUNTY
10a. STATE 10b. COUNTY	ADIMIDAL		Y, TOWN OR LO				10d. INSIDE CITY LIMITS?
MARYLAND ANNE	ARUNDEL	GL	EN BUR	N L E 101. ZIP CODE		10a CITIZI	EN OF WHAT COUNTRY?
294 CROSSCREEK DR	IVE		==0	21061		U.S.	
11. MARITAL STATUS	2. WAS DECEDENT EVER IN FORCES? 1 Tyes IF YES, GIVE WAR OR DA	2 X NO	If yes	DECENDENT OF HISPAI , specify Cuben, Maxico YES 2 1 NO Specif	an, Puerto Rican, etc.)	Yes or No— 1	14. RACE — American Indian Black, White, etc. Specify:
15. DECEDENT'S EDUCAT	TON I	16a. DECEDENT'S	HELIAL OCCUE	ATION	THE WIND OF	BUSINESS/INDU	WHITE
(Specify only highest grade con		(Give kind of a life. Do NOT us	work done during ne retired.)	most of working			
	NONE_	SEAMST	RESS	100			AD COMPANY
17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Middle, Male	den Surname)	
ARTHUR W. LEWIS				_	ALICE HAL		
19a. INFORMANT'S NAME (Type/Print)				et and Number or Rural	Route Number, City or	Town, State, Zip C	Code)
WILLIAM T. DOUGLAS			E AS 1				
20a. METHOD OF DISPOSITION 1 2 Burlel 2 Cremation 3 Remova		PLACE ANO OAT	or other place)		1		ity or Town, State
4 Donation 5 Other (Specify)		CEDAR		EMETERY E AND ADDRESS OF FA		<u>ROOKLYN</u>	, MARYLAND
21. SIGNAL OF FUNERAL SERVICE LICE			SIN	GLETON FUI	NERAL HOM		NIE, MD 2106
23. PART I. Enter the diseases, or con shock, or heart fellure. Lis							
IMMEDIATE CAUSE (Final disease or condition	Time	cosen	, 11	1.40 104/4	4		DAV
resulting in death) s	FUTTACE DUE TO (OR AS A	CONSEQUENCE O	F):	sury of			1 1/2
	11						
Sequentially list conditions, If any, leading to immediata	DUE TO (OR AS A	CONSEQUÊNCE O	F):				
cause. Entar UNDERLYING CAUSE (Disease or Injury							
that initiated events	DUE TO (OR AS A	CONSEQUENCE O	F):				
resulting in death) LAST							
PART II. Other significant conditions of	contributing to death b	ut not recuiting	In the under	vina ceuse aiven ir	Part I. 24s. WAS	AN AUTOPSY	24b. WERE AUTOPSY FIN
DEALETTS	MS1127	us			PER	FORMED?	AVAILABLE PRIOR T
Recuenson	SER PHAR	941 57	RAC	TILDE	1 U YES	5 2 NO	OF DEATH?
Past	COLINA	W. T.	-	1 we	3/		1 TES 2 N
25. WAS CASE REFERRED TO MEDICAL	C0C0370	my for	CARC	B. PLACE OF DEATH (C	beck only one)		_1
	OSPITAL:	2	OTHER:	one of eaching	All Constants		
27. MANNER OF DEATH	26s. DATE OF INJURY	26b, Till		Home 6 Residence	8 U Other (Specify) 28d. DESCRIBE HO	W IN HIRY OCC	URED
21. MAINTEN OF DEATH	(Month, Day, Year)	IN IN	JURY	WORK?	200. DESCRIBE NO	W MUJORI OCC	ONED
Natural 6 Pending	26e. PLACE OF INJURY	— At home form			284 LOCATION (S)	not and Number	or Rural Route Number,
2 Accident Investigation	E441 - E110E 01 11100111	offy)	orient, factory,	onice	City or Town, S		or Francis Flourid Francisco
	building, etc. (Spec	**					
2 Accident Investigation 3 Suicide 6 Could not be determined							
2 Accident Investigation 3 Suicide 6 Could not be determined	AN: To the best of my know	ledge, death occur					

D./200 HOSPITAL DRIVE #500/GLEN BURNIE, MD. 21061

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.

DAVID ROSE,

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-trans	
	executed within 24 hours after death. Pag	and completely filled in by the funeral dis	hurial cremation or removal
DIVISION OF WITH RECORDS, P.O. BOX 68760,	w requires that the death certificate be	been signed by the attending physician	of Health and Mental Hunians print to
DIVISION OF WITH	OR ATTENDING PHYSICIAN THE IS	DIRECTOR: After this certificate has	hours after death with the Crate Ber

inal-transit permit. Pages 1, 2, 3 should TO THE HOSPITAL OR ATTENDING PHYSICIAN, The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp TO THE PUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached filled within 72 hours after death with the State Libot, of Heath and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. FOR STATE REGISTRAR

4. SOCIAL SECURITY NUMBER

215-14-0560

1 -

TO BE COMPLETED BY FUNERAL DIRECTOR

91 18368 STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF OEATH
MONTH
July 5 3. TIME OF DEATH 5/1991 Ruth Edwards Krug 7. DATE OF BIRTH
(Morth, Dey, Year)
Jan/14/1910 5. SEX 6. AGE (In yrs. last birthday) 6. BIRTHPLACE (State or Foreign IF UNDER 1 YEAR IF UNDER 24 HRS. DAYE 1 M 2 T F 81 HOURS YRS. Maryland 9a. FACILITY NAME (If not institution, give street and number) 9c. COUNTY OF DEATH 9b. CITY, TOWN OR LOCATION OF OEATH

2027 Huntington	Ave.		Balto.Cit	ty,Md.		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY		10c, CITY, TO	WN OR LOCATION			10d. INSIDE CITY
Md						LIMITS?
10e. STREET AND NUMBER		I Bal	to.City,Md.	•	10e CITIZE	N OF WHAT COUNTRY?
	tington A	WA	21211	1	log. Grizz	
	. WAS DECEDENT EVER IN		13. WAS DECENDENT OF HIS		You or No. 14	USA
1 Never Married 2 Married 3 Wildowed 4 Divorced	FORCES? 1 TYES	2 NO	if yes, specify Cuben, Ma: 1 ☐ YES 2 ☑ NO Sp	xican, Puerto Rican, etc.)	New Or NO	R. RACE — American Indian, Black, White, etc. Specify: White
15. OECEDENT'S EDUCAT: (Specify only highest grade con Elementary/Secondary (0-12)		16a. DECEDENT'S USL (Give kind of work life. Do NOT use re-	AL OCCUPATION done during most of working fred.)	16b. KIND OF I	BUSINESS/INDUS	STRY
Crementary/Secondary (0-12)	conege (I-4 or 5+)	Sales	ladv	H.	11+ 71 or	s Dept.Sto
17. FATHER'S NAME (First, Middle, Last)		34200		NAME (First, Middle, Meid		s pept. Stu
Paul	Wilburn	Edwar	de Ka	arie B	. Ur	nknown
19a. INFORMANT'S NAME (Type/Print)			ORESS (Street and Number or Ru			
Mrs.Anna G.Conl	011		Conway St.#			
20a. METHOD OF DISPOSITION		PLACE AND DATE OF				Z I Z U I
1 Burial 2 Cremation 3 Remova		emetary, crematory or o	ther place)	7/8/ B		· · · · · · · · · · · · · · · · · · ·
21. SIGNATURE OF FUNERAL SERVICE LICEN	SEE	Palkwoo	Cemetery 22, NAME AND ADDRESS OF	FEACILITY		
\ C D	C	0.00		Bal ⁻	to.Md.	
Thank	- Sun	age	McCully Fu	neral Ho	me,130	E.Fort Ave
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS A	CONSEQUENCE OF): CONSEQUENCE OF):	nua			
PART II. Other algnificent conditions of	contributing to death b	ut not resulting in t	ha underlying ceuse given	PERI	AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OCCUPATION OF THE PROPERTY OF		26. PLACE DF DEATH	(Check only one)		
	OSPITAL:	etlant 3 DOA 4	THER: ☐ Nursing Home Resider	nce 6 Other (Specify)		
27. MANNER OF DEATH Netural 5 Pending Investigation	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME O	M 1 YES 2 NO	28d. DESCRIBE HO	W INJURY OCCU	PRED
3 Suicide 6 Could not be detarmined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, streethy)	rt, factory, office	261. LOCATION (Str. City or Town, St	net and Number o	r Rural Route Number,
CORDER OTHY			t the time, data and place, and n my opinion, death occured at 29c. LICENSE	t the time, data and placa	, and due to the	sicher (s) and menner as stated.
30. NAME AND ADDRESS OF PURSON WHO	COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, Pri	il hai	M M	71	739
31. DATE FILED (Month, Day, Year)	32. PEGISTRAR'S SIGN	y / / / C	4 0116	-10. 111	416	
JUL 09 1991	Julia Davidso	n-Randoll				

MUTING SON

Kericvliet,MD

199

0 9

32. REGISTHAR'S SIGNATURE
JUNA DALY OSON

31. DATE FILED (Month, Day,

	FOR	OTATE OF 14	ADVI AND	DEDAG	-	05 HEALTH	AND I	AFAITAL LIVO	71	10	369
	1 - STATE REGISTRAR	STATE OF MI				OF DEA		MENTAL HYGI REG.			
	1. DECEDENT'S NAME (First, Middle, Lest)							2. DATE OF CEAT	4	3. T	IME OF OEATH
- 3	Lawrence	T.	KELL	Υ	JR			7/6/91	DAY	YEAR	3:40 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. la:		IF UNDER 1	YEAR IF UNDER	R 24 HRS.	7. DATE OF BIRTH		, BIRTHPLAC	E (State or Foreign
	213-09-3361	1 M 2 - F	85	YRS.	MONTHS	DAYS HOURS	MIN.	(Month, Day, Yea	100	M D	
	9a. FACILITY NAME (If not institution, give st	reet end number)	_00		9b. CITY, T	TOWN OR LOCAT	ION OF OR			Y OF OEATH	
TOR	FRANKLIN SQU	ARE HO	OSP.						Bal	timor	e County
DIRECTOR	10a. STATE 10b. COUNTY		_	10c. CIT	Y, TOWN OR	LOCATION	Т			100	INSIDE CITY LIMITS?
	100. STREET AND NUMBER	TIMOR	E	1		T 404 PMP 000			T		YES 2 NO
FUNERAL	THE PROPERTY OF THE PARTY OF TH	0 0				10f. ZtP COC		2		N OF WHAT	COUNTRY?
NE	1815 KINSHI						22			SA	
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Nidowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2		H.	yes, specify Cub	an, Mexica	NIC ORIGIN? (Specifi in, Puerto Rican, etc. y:	Yes or No.— 1	A, RACE — A Black, Wh Specify: W LI	merican Indian, ita, atc.
	15. OECEOENT'S EDUC		16a. D	ECEDENT'S	USUAL OCC	CUPATION		16b, KIND OF	BUSINESS/INOU	STRY	16
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5+)	- 44	Bive kind of a. Do NOT u	work done du se retired.)	iring most of work	ing				
PL	8 TH	Conege (I-4 of 5 4)		ERVI	CE	MANA	GE	9			
O	17. FATHER'S NAME (First, Middle, Lest)							ME (First, Middle, Me	iden Surname)		
	LAWRENCE J.	KELLY	. SR.			HE	LE	N L.	NORDH	10119	F
BE	19a. INFORMANT'S NAME (Type/Print)			D. MAILING	ADDRESS ((Street and Number		Route Number, City or			
2	INEZ C. K	ELLY	1	815	KIN	SHIP	R	BA	LT MI) 21	222
	204, METHOD OF DISPOSITION		20b. PLAC	E AND DAT	E OF DISPO	SITION (Name		DATE 200	LOCATION C		
	1 Burial 2 Cremetion 3 Ramo	oval from State	PARH	v. cremator	y or other pla	CEMET	ERY	7/9/91	BALT	MI)
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE		W		AME AND ADOR		CILITY	HOME	DE DI	NDALK
3	> C1+ C-	00	/		COA	MELLY	FU	NEKAL			
	23. PART I. Enter the diseeses, or o	mace	Grand the d	anth Da	7//	0 SOL		PT. KI) OAL	T, M)	
	shock, or heart fellure.	Liet only one ceus	e n eech lin	e.	not enter t	ine mode of d	ying, suc	on as cardiec or i	eapiratory sire	st,	Approximete Interval Between
	IMMEDIATE CAUSE (Finel disease or condition	р. Т	F	. 1							Onset and Death
	resulting in death)	. Renal		ilure							
			OR AS A CONSE								
										- 1	
O	Sequentielly list conditions,		cillin		esist	ant Se	psis				
ATION	If any, leading to immediate		CTITION OR AS A CONSE			ant Se	psis				
FICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OUENCE C	PF):	ant Se	psis				
RTIFICATION	If any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CONSE	OUENCE C	PF):	ant Se	epsis				
CERTIFICATION	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	OUENCE C	PF):	ant Se	epsis				
0	If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR AS A CONSE	EQUENCE C	OF): OF):			Part I. 24a. WA	S AN AUTOPSY		RE AUTOPSY FINDINGS
0	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition	DUE TO (OR AS A CONSE	EQUENCE C	OF): OF): In the und	derlying cause		Part I. 24a. WA	RFORMED?	COL	ILABLE PRIOR TO APLETION OF CAUSE
0	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition	DUE TO (OR AS A CONSE	EQUENCE C	OF): OF): In the und	derlying cause		Part I. 24a. WA	RFORMED?	CON	LABLE PRIOR TO
0	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition	DUE TO (OR AS A CONSE	EQUENCE C	OF): OF): In the und	derlying cause		Part I. 24a. WA	RFORMED?	CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
0	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition Commodition 25. WAS CASE REFERRED TO MEDICAL	DUE TO (OR AS A CONSE	EQUENCE C	OF): OF): In the und	derlying cause	given in	Part I. 24a. WA PE 1 1 YA	RFORMED?	CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
0	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition Common	DUE TO (OR AS A CONSE	EQUENCE OF TREATMENT OF THE SAME	In the unc	derlying cause "GETY" 26. PLACE OF	given in	Part I. 24a. WAPE	RFORMED?	CON	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
0	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition Commodition 25. WAS CASE REFERRED TO MEDICAL EXAMMER?	DUE TO (OR AS A CONSE	resulting 10 S/	orner	derlying cause "GENY 26. PLACE OF ing Home 5 🗆 F 26c. INJURY AT	given in	Part I. 24a. WA PE 1 1 YA	RFORMED?	OF 1	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
PHYSICIAN: MEDICAL C	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition Commodition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Netural 5 Pending	DUE TO (OR AS A CONSE	resulting 10 S/	P SUY	26. PLACE OF: ing Home 5 F 28c. INJURY AT WORK?	given in	Part I. 24a. WA PE 1 YE 1 YE 1 YE 1 YE 1 YE 1 YE 1 YE 1	RFORMED?	OF 1	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
BY PHYSICIAN: MEDICAL C	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition Commodition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	DUE TO (c. DUE TO (d	OR AS A CONSE OR AS A CONSE deeth but not C.t. Story ER/Outpetient INJURY IN, Vent)	resulting	OTHER	26. PLACE OF: ing Home 5 F 26c. INJURY AT WORK? 1 YES 2	given in	Part I. 24a. WA PE 1 YE 1 YE 1 YE 24a. WA PE	OW INJURY OCCI	OF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL C	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition COMMO! 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation	DUE TO (c. DUE TO (d	OR AS A CONSE	resulting	OTHER	26. PLACE OF: ing Home 5 F 26c. INJURY AT WORK? 1 YES 2	given in	Part i. 24a. WA PE 1	OW INJURY OCCI	OF 1 [ILABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
BY PHYSICIAN: MEDICAL C	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition Commodition DUE TO (c. DUE TO (d	OR AS A CONSE OR AS A CONSE deeth but not C.t. Story ER/Outpetient INJURY 19, 1967 F BAJURY — At hatc. (Specify)	resulting THE S	OTHER 4 Nursh	26. PLACE OF: ing Home 5 1 26c. INJURY T WORK? 1 YES 2	given in DEATH (C) Residence NO	Part I. 24a. WAPE 1	NO NO NO NO NO NO NO NO NO NO NO NO NO N	AMA CODI ON THE CODI	Number,	
PHYSICIAN: MEDICAL C	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other eignificant condition COMMO! 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investigation 3 Suicide 6 Could not be determined 29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINE	DUE TO (c. DUE TO (d	OR AS A CONSE OR AS A CONSE deeth but not C.t. Story ER/Outpetient INJURY 19, 1967 F BAJURY — At hatc. (Specify)	resulting THE S	OTHER 4 Nursh	26. PLACE OF: WORK? 1 YES 2 27, office me, deta and place pinion, death occ	given in	Part i. 24a. WA PE 1 Yi neck only one) 6 Other (Specify, 28d. DESCRIBE H 281. LOCATION (S City or Town, at to the cause(a) and a time, date and place	OW thJURY Occi	JRED JRED d. cause(a) end	Number,
BY PHYSICIAN: MEDICAL C	If any, leading to Immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other eignificant condition Commodition DUE TO (c. DUE TO (d	OR AS A CONSE OR AS A CONSE deeth but not C.t. Story ER/Outpetient INJURY 19, 1967 F BAJURY — At hatc. (Specify)	resulting THE S	OTHER 4 Nursh	26. PLACE OF: WORK? 1 YES 2 27, office me, deta and place pinion, death occ	given in DEATH (C) Residence NO	Part i. 24a. WA PE 1 Yi neck only one) 6 Other (Specify, 28d. DESCRIBE H 281. LOCATION (S City or Town, at to the cause(a) and a time, date and place	NO NO NO NO NO NO NO NO NO NO NO NO NO N	JRED JRED d. cause(a) end	Number, I manner as stated.	

who completed cause of Death (ITEM 27) (Type, Print)
et,MD 9000 Franklin Square Drive Baltimore Maryland 21237

23 Your San Comment

Salari Re OM Uk far ark kult

Area Magazinar a Maran

and the same and a series and a Naview of Care

Annual Control of the Annual Control of the

Later to the state of the state

al or attending physician.	for use as the burieffansit permit. Pages 1, 2, 3 should	
thin 24 hours after death. Page 6 may be retained by the hospit	stely filled in by the funeral director, page 5 should be detached mation, or removal.	it, the medical examiner must be notified at once.
YSICIAN; The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician,	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burner formit. Pages 1, 2, 3 should be find within 70 hours after death with the State Dent, of Health and Mental Hodiene prior to burial, cremation, or removal.	MPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be netified at once.
TO THE HOSPITAL DR ATTENDING PHYSIC	TO THE FUNERAL DIRECTOR: After this cen	IMPORTANT: If Item 28 is marked,

	t, Middle, Last)					F DEATH	2. D	ATE OF DEATH J	nlv 5	5. 14	9 TIME OF DEATH
and the second second		ELLY , S	R.				M	ONTH D	4-7	91	11:30 a
I. SOCIAL SECURITY NUM		5. SEX	6. AGE (In yrs.	lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HR	s. 7. D/	ATE OF BIRTH	1		ITI SU d
081-05-226	5.5	1 M 2 F	79	YRS.	MONTHS DAYS		. (N	fonth, Day, Year)	1010	Countr	γ)
Da. FACILITY NAME (If not in			19		AL CITY TOUR	OR LOCATION OF		ril 25,		New NTY OF D	v York
					96. CITY, TOWN						
Franklin S		Hospital	-			Baltim	ore		I B	alti	more
IOa. STATE	10b. COUNT	Υ		10c. CIT	Y, TOWN OR LOC	ATION					10d. INSIDE CITY
Maryland	Ba:	ltimore			Balt	imore					1 YES 2 X NO
IOO. STREET AND NUMBER	1					101. ZIP CODE			10g. CITI	ZEN OF V	WHAT COUNTRY?
3823 East	Joppa	a Road				212	36			U.S.	Α.
II. MARITAL STATUS		12. WAS DECEDEN	IT EVER IN U.S.	ARMED	13. WAS D	ECENDENT OF HIS		IIGIN? (Specify Ye		14. RACE	E — American Indian.
Never Merried 2		FORCES? 1	YES 2 MAR OR DATES	NO	If yes,	specify Cuban, Me				Speci	k, White, etc.
15. DEC	CEDENT'S EDU	ICATION	160.	DECEDENT'S	USUAL OCCUPA	TION	Т	16b, KIND OF BU	SINESS/INC	USTRY	
(Specify on	ily highest grade	completed)		(Give kind of Ille. Do NOT u	work done during :	most of working					
Elementary/Secondary ((0-12)	College (1-4 or 8	+)		ro-engra	MEB			NE	WSPA	DED
N/A	Middle I and	N/A		11101	- LINGIV	1	NAME /F	irst, Middle, Maiden	_	WOLF	T EK
JAMES KI						IO. MOTRER'S		Y ELLEN	1.201	T	
ISO, INFORMANT'S NAME (405 500 1100	A A DODGE CO	d and thus to the first					
		Outmp)				et end Number or Ru					11006
CAROL KE		JGHIK)				JOPPA RD	1		-		21236
20a, METHOD OF DISPOSI* 1 Burial 2 Cremati 1 Donation 6 Othe	ion 3 🗆 Rem	noval from State			EPH CEMI			DATE 20c. LC	FULL		own, State
PI. SIGNATURE OF FUNERU	AL SERVICE IS	Land /			22. NAME SCI 97.0	AND ADDRESS OF	FUNE	RAL HOM	E, IN	IC.	
1 200	11/	- ACCARACT			97.0) DELA	IK K	D., BAL	ro. M	IARYI	LAND
23. PART I. Enter the canock, pr is immediate CAUSE (Fi disease or condition resulting in death)	haart fallure.	aPneumon	use on sech i	lina.	not anter tha r						Approximata interval Between
ahock, or I IMMEDIATE CAUSE (FI disease or condition_	heart fallure.	«Pneumon: » Seconda Due ro Seconda Seconda	ia O (OR AS A CON YY TO 3 O (OR AS A CON YY TO 3 O (OR AS A CON	ISEOUENCE C ASPITA ISEOUENCE C ANOXIC ISEOUENCE C	not anter tha r DEP: tion of enceph	gastri	C COI	cardiac or reap			
ahock, Dr I IMMEDIATE CAUSE (Fi disease or condition reaulting in death) Sequentially list condi if any, leading to immeduse. Enter UNDERLY CAUSE (Disease or inj that initiated events	itions, ediata //ING lury	»Pneumon: »Seconda Due ro «Seconda Due ro «Seconda Due ro «Seconda	ia O OR AS A CON TY TO & O OR AS A CON TY TO & O OR AS A CON	ISEQUENCE CO ASPITA ISEQUENCE CO ANOXIC ISEQUENCE CO OTOLON	not anter than the restriction of the concepts	gastri gastri	c col	ntents	AUTOPSY RMED?	rest,	Approximate interval Betwee Onset and Dea
ahock, pr I IMMEDIATE CAUSE (Fi disease or condition reaulting in death) Sequentially list condi if any, leading to immediate, leading to immediate. Enter UNDERLY CAUSE (Disease or inj that initiated events resulting in death) LA:	heart fallure.	»Pneumon: »Seconda Due ro «Seconda Due ro «Seconda Due ro «Seconda	i.a. DORASACON YY TO 6 DORASACON YY TO 6 DORASACON YY TO 6 DORASACON YY TO 6 DORASACON YY TO 6 DORASACON	ISEQUENCE COASPITA ISEQUENCE COANOXIC ISEQUENCE CONTO TO THE CONTO TO THE CONTO TO THE COANO TO	not anter than r pri: tion of pri: enceph ged car In the underly	gastri gastri	C COI	ntents 1. 24a. WAS AI PERFO 1 — YES	AUTOPSY RMED?	rest,	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, or I IMMEDIATE CAUSE (Fi disease or condition reaulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other signific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	heart fallure.	aPneumonia Due to a Seconda Due to d. Seconda D. Seconda Due to d.	i.a. D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 6 D (OR AS A CON YY TO 7 D	SEQUENCE COSEQUENCE CONTROL OF TRANSPORTER CO	not anter than r DEP: tion of PE: enceph Ged Car In the underly OTHER: 4 Nursing H ME OF 28c. JURY	gastri	C COI	ntents 1. 24a. WAS AI PERFO 1 — YES	I AUTOPSY RMED?	248	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea
ahock, Dr I IMMEDIATE CAUSE (Fi disease or condition reaulting in death) Sequentially list condi if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or in) that initiated events resulting in death) LA: PART II. Other aignific 25. WAS CASE REFERRED EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 6 2 Accident	heart fallure. inel itiona, ediata f/ING lury ST eent condition TO MEDICAL	aPneumonipue to a Seconda Due to a Secon	id id o (or as a con yy to 6 o (or as a con yy to 6 o (or as a con yy to 7 o (or as a con yy to 7 o deeth but no	SEQUENCE CONTROL OF THE SEQUEN	not anter than r DEP: tion of PE: enceph Ged Car In the underly OTHER: 4 Nursing H ME OF 28c. JURY	gastri	C COI	ntents 1. 24a. WAS AI PERFO 1 □ YES	I AUTOPSY RMED? 2 NO INJURY OC and Numbe	24k	Approximate interval Betwee Onset and Dea Dea Dea Dea Dea Dea Dea Dea Dea Dea

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

9000 Franklin

Fric Russell
31. DATE FILED (Month; Day, Year)

DHMH-16 Rev 1/89

Dr. Baltimore, Maryland 21237

sentificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burlat-transit permit. Pages 1, 2, 3 should with the State Dept, of Health and Merital Hygiene prior to burlat, cremation, or removal. marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. resician: The law requires that the death certificate be executed within TO THE HOSPITAL OF ATTREET TO THE FUNERAL DIRECTOR. De filed within 72 hours III from 28 is mi

A DECEMENTION HAME (CITY AND AND AND			CERTIF	ICATE	UF	DEATH		REG. NO.			
1. DECEDENT'S HAME (First, Middle, Last,							2. DATE O MONTH	DA		YEAR	3. TIME OF DEATH
PHILIP LAGREE 4. SOCIAL SECURITY HUMBER	T T						JUL			1991	3:15 F
247-20-6546	5. SEX		s. last birthday)	IF UNDER	DAYS	HOURS MIN.		Day, Year)		Count	
-11 20 03 10	1X M 2 □ F	7	70 YRS.				JUNI	E 1,	1921	SOUT	TH CAROLINA
9a. FACILITY NAME (If not institution, give				9b. CITY,	TOWN C	R LOCATION OF D	EATH		9c. COL	JNTY OF D	EATH
VA MEDICAL CENT	ER			FORT	HOV	JARD			BAL	LIMOE	RE
RESIDENCE OF DECEDENT 10a, STATE 10b, COUN	*v		40. 007	Y, TOWN O	0.10017	1011					
	14					IOH					10d. INSIDE CITY LIMITS?
MARYLAND			BALT	'IMOR							1 YES 2 HO
10e. STREET AND HUMBER					10f	ZIP CODE			10g. CIT	TIZEH OF V	WHAT COUHTRY?
8000 D WOODGATE	COURT			_	2	1207			UN	ITED	STATES
11. MARITAL STATUS	12. WAS DECEDEN	EVER IH U.S	ARMED	13. V	WAS DEC	EHDENT OF HISPA	NIC ORIGIH?	(Specify Yes	or Ho—	14. RACI	E — American Indian, k, White, etc.
1 Hever Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE W					2 NO Speci		can, atc.)			*****BLACK
	WORLD	VAR II									
15. DECEDENT'S ED (Specify only highest grad		184	Give kind of	work done o	CCUPATIO	on st of working	16b. I	KIND OF BU	SINESS/IN	IDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5 +)	life. Do NOT u	se retired.)							
10th Grade			LABOR	ER			CC	INSTRU	CTIC	N	
17. FATHER'S HAME (First, Middle, Last)						18. MOTHER'S N	AME (First, Mi	ddie, Malden	Sumame)		
						ANNA 1	LAGREE	3			
19a. IHFORMANT'S HAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number or Rural	Route Numbe	r, City or Tow	n, State, Z	ip Code)	
Mary Lagree			4123	Mou	ntw	ood Ro	ad B	alti	more	e, M	ID 21229
20s. METHOD OF DISPOSITION		20b. PL	ACE OF DISPO	SITION (Na	me of cer	netery, crematory or		20c. LO	CATIOH -	- City or To	own, State
1X Burial 2 Cremation 3 Re 4 Donation 8 Other (Specify)	noval from Stata		retera	in Ce	met	erv/Ga	rrisc	TO ME	rina	s M	ills, MD
21. SIGNATURE OF YUNERAL SERVICE I	JCENSEE	ILID V	COCIO	22. 1	HAME AF	ID ADDRESS OF F	ACILITY\\[11	tter	Fun	era'	l Homes In
Hay Y	1 0-00.										
Lilly 0	Roller	2				Gwynns imore,					
23. PART/1. Enter the diseases, or shock, or heart failure	complications that	causad the	a daath. Do	not antar	tha mo	da of dying, su	ch aa cardi	ac or resp	iretory s	rrest,	Approximate interval Batwee
IMMEDIATE CAUSE (Final	. List Only One Cau	se on each	mig.								Onset and Dea
disesse or condition	ADENOS	UAMON	S CARC	TNOMA	RT	MAYTTT	ADV C	TMHC	ווייינו	r	30 DAYS
resulting in death)	DUE TO	(OR AS A CO	NSEQUENCE C	F):	2 1(1	• THANKE	TATE D	TMUS	WIID		JO DATS
	METASTA	SIS									
Sequantially list conditions, if any, leading to immediate	DUE TO	(OR AS A CO	NSEQUENCE C	F):							
cause. Enter UNDERLYING	-										ļ
CAUSE (Disesse or injury that initiated events	DUE TO	(OR AS A CO	NSEQUENCE C	PF):							
resulting in daeth) LAST	-										
	u.										
PART II. Other significant condition	ons contributing to	daath but r	not resulting	in the un	dariyin	g ceuse given i	n Part I.	24a. WAS AN PERFOI		241	b. WERE AUTOPSY FINDING AVAILABLE PRIOR TO
								1 TYES			COMPLETION OF CAUSE OF DEATH?
									21		1 YES 2 NO
							_				
-					26. PI	ACE OF DEATH (C	heck only one)			
25. WAS CASE REFERRED TO MEDICAL				OTHER		e 5 🗆 Residence	8 🗆 Other	(Specific)			
EXAMINER?	HOSPITAL:	FB/Outnetle		- Li Hull	enty rion			CRIBE HOW	MI HIPPY O	CCLIBED	
	1 A Inpetient 2 28e. DATE OF	INJURY	28b. Til	WE OF	28c. IN.	URY AT	400. DES		INJURY U	CCOMED	
EXAMINER? 1 YES 2 NO 27. MAHHER OF DEATH 1 Netural 8 Pending	28a. DATE OF (Month, D	INJURY	28b. Til	ME OF JURY M	WC	PRK?	28d. DESC	JANUE HOW	INJURY O	CCORED	
EXAMINER? 1 YES 2 NO 27. MAHHER OF DEATH 1 Netural 8 Pending 2 Accident Investigation	1.83 Inpatient 2 28a. DATE OF (Month, D	INJURY lay; Year)	28b. Til	JURY M	1 🗆	PRK7 YES 2 NO		- 0. IK.III.			Route Number.
EXAMINER? 1 YES 2 NO 27. MAIHIER OF DEATH 1 Netural 8 Pending	1 & Inpatient 2 28a. DATE OF (Month, D	INJURY lay; Year)	28b. Til	JURY M	1 🗆	PRK7 YES 2 NO	28f. LOCA	- 0. IK.III.	and Numb		Route Number,
EXAMINER? 1 YES 2 NO 27. MANHER OF DEATH 1 Netural 8 Pending Investigation 2 Accident Investigation 3 Suicide 8 Could not b determined	1 & Inpatient 2 28a. DATE OF (Month, D	INJURY ay, Year) F INJURY — ; atc. (Specify)	28b. Til IN At home, farm,	M M atreet, fact	1 D	PRK? YES 2 NO	28f. LOCA City o	TIOH (Street Town, State	and Numb)	er or Rural	Route Number,

9600 NORTH POINT ROAD, FORT HOWARD, MARYLAND

DHMH-18 Rev 1/89

29d. DATE SIGNED (Month, Day, Year) 7-1-91

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AURORA C.

JUL 09 1991

TAN,

M.D.

Jula Day Son Martine 00

ONMH-16 Rev 1/89

FOR STATE REGISTRAR

	4. SOCIAL SECURITY NUMBER 2/2-26-033 V 9a. FACILITY NAME (If not institution, give	1 🗆 M 2 💢	GE (In yrs. last birthday) G YRS.		EAR IF UNDER 24 HRS AYS HOURS MIN OWN OR LOCATION OF	Month, DEC.	15, 19 m	8. BIRTHPLACE (State or Foreign Country), MARY LAWY
TOR	LEVINDALE			BA	LTIMORE			
DIRECTOR	10a. STATE 10b. COUN MARYLAND	тү	10c. CIT	y, town or i	OCATION TIMORE			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	3501 PINKNEY RD.				10f. ZIP CODE 212	15		ZEN OF WHAT COUNTRY?
BY	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR O	ES 2 NO	If ye	S DECENDENT OF NIS IS, specify Cuban, Man YES 2 NO Specific No. Spec	dcan, Puarto Ric		14. RACE — American Indian, Black, White, etc. Specify: WHITE
COMPLETED	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12)		16a. DECEDENT'S (Give kind of life. Do NOT u NON	work done duri se retired.)	JPATION ng most of working	16b, H	NONE	DUSTRY
LLI I	17. FATNER'S NAME (First, Middle, Last) HOSIAH LUSTBA	DER				NAME (First, Mic MOLLIE	ddle, Maiden Surname) SHERMAN	
TO B	19e. INFORMANT'S NAME (Type/Print) MR. I. WILLIAM L	USTBADER	19b. MAILING 390	ADDRESS (S O CLA	RKS LA.	ral Route Number BALTIM	City or Town, State, Zip. ORE, MD 21	
	20a. METHOD OF DISPOSITION 1 Description S Control of	moval from Stata	20b. PLACE AND DAT of cemetary, crematory SHAARE	or other place	9)	DATE &/3/91	20c. LOCATION — ROSEDAL	City or Town, Stata E, MD
	21. SIGNATURE OF PUNERAL BEFORE	LUM		S	ME AND ADDRESS OF OL LEVINS 10 REISTE	ON & BE	ROS., INC.	
CERTIFICATION	Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR /	AS A CONSEQUENCE OF AS A C	9: FECT 9:	EN DEC	en B17	<u> </u>	
MEDICAL	PART II. Other significant condition	ons contributing to deed	th but not resulting	In tha unde	rlying cause given		24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDS ANALABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	2602000	OTHER:	26. PLACE OF DEATN	- 11 - 124 -		
	1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	1 Proposition 2 PR/ 28a. DATE OF INJU (Month, Day, Ye	IRY 28b. TIR	ME OF 26	P. Nome 6 Resident C. INJURY AT WORK? 1 YES 2 NO	28d. DE\$C	(Specify) PRIBE NOW INJURY OC	CURED
TED BY	2 Accident Investigation 3 Suicide 6 Could not b 4 Nomicide determined	28a PLACE OF INI	JURY — At home, farm, (Specify)	street, factory	, office		FION (Street and Number Town, State)	r or Rural Route Number,
COMPLET	one) —	SICIAN: To the best of my k						ted. he cause(a) and manner as state
LLI I	296. SIGNATURE AND TITLE OF CERTIF	ier O.	7/m 1	N	29c. LICENSE	NUMBER 7037	29d. DAT	E SIGNED (Month, Day, Year)
B								
10	30. NAME AND ADDRESS OF PERSON VERSON	KW, my	FREATH (ITEM 27) (TYP)	o, print)	IEBREW E	BRIATE	erc CENTE	A 408/11

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	THE ATTENDING DUVOLCHAM The law consists that doors access to
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	1. OECEDENT'S NAME (First, Middle, Last	1)		ERTIF	ICATE O	HEALTH AND F DEATH	REG.		
1 7	SAMUEL	S	LE	WIS	II		2. DATE OF DEAT	DAY	3. TIME OF DEATH 991 10:11 P
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (in yrs.	last birthday)	IF UNDER 1 YEAR		7. DATE OF BIRTH (Month, Day, You	1	8. BIRTHPLACE (State or Foreign
	Infant 9a. FACILITY NAME (If not institution, give	1 X M 2 F		YRS.	21	2000	6/15/		Baltimore.N
CTOR	THE JOHNS HOPKIN		L		BALTIM	ORE	EATH		IMORE CITY
DIRE	MARYLAND 10b. COUN	TY		10e. CIT	Y, TOWN OR LOC BALT	IMORE C	ГТY		10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	100. STREET AND NUMBER 2330 EUTAW PL	ACE				101. ZIP CODE 2121'	7		EN OF WHAT COUNTRY?
B	11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2	ARMEO NO	If yes,	ECENDENT OF HISPAN specify Cuban, Mexica ES 2 ANO Specifi	n, Puerto Rican, etc	Yea or No 1	A. HACE — American Indian, Black, White, etc. Specify: Black
COMPLETED	15. DECEDENT'S ED (Specify only highest grac Elementary/Secondary (0-12)	UCATION de completed) College (1-4 or 5 +		DECEDENT'S (Give kind of w ife. Do NOT us	USUAL OCCUPA vork done during i e retired.)	TION most of working	16b. KIND OF	BUSINESS/INDU	
BE CON	17. FATHER'S NAME (First, Middle, Last) SAMUEL S. L	EWIS, I				SHERR	ME (First, Middle, Ma	HACKEL	
5	SHERRIE D. SH		RD	2330	EUTAW	PLACE	BALTIM	ORE, M	D 21217
	20a METHOD OF DISPOSITION 1 ABuriel 2 Cremetion 3 Rev 4 Donation 5 Other (Specify)		20b. PLAC captetery, o	EANDDATECT TEMPORAL CONTRACT C		rial Par	rk W	LOCATION — CH	ty or Town, State n, Maryland
	21. SIGNATURE OF FUNERAL SERVICE L) Kles	ett	-	LERO 4600	LIBERTY	ETT & S Y HETGH	TS AVE	ERAL HOME NUE 21207
	23. PART 1. Enter the diseases, or ahock, or heer fellure. IMMEDIATE CAUSE (Final disease or condition resulting in deeth)	Hyp	coused the cose on each lin	10.		node of dylng, suc	h aa cardiac or n	epiratory arrea	Approximate Interval Betwee Onaet and Dea
ERTIFICATION	Sequentially list conditiona, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated eventa resulting in death) LAST	DUE TO	OR AS A CONS	EOUENCE OF):	tal here	t dise ts	e	1day 2Zday
0	PART II. Other eignificant condition	ne contributing to	deeth but not	resulting in	n the underlyle	ng cause given in		AN AUTOPSY FORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO
MEDICAL							1 🗆 YE	3 2 NO	COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL				26. 1	PLACE OF OEATH (Che	ck only one)		
IAN		HOSPITAL:							
YSICIAN	1 YES 2 NO	1 X Inpetient 2	ER/Outpatient		OTHER: 4 - Nursing Ho	me 5 🗆 Rasidence	6 Other (Specify)		
PHY	EXAMINER?	26a. DATE OF I	NJURY V. Year)	26b. TIME	4 Nursing Ho OF 28c. IN W 1	JURY AT ORK? YES 2 NO	6 Other (Specify) 26d. DESCRIBE HO	W INJURY OCCUP	9E0
ETED BY PHYSICIAN:	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined	26s. DATE OF I (Month, Da) 26s. PLACE OF	NJURY V. Year)	26b. TIME	4 Nursing Ho OF 28c. IN	JURY AT ORK? YES 2 NO	26d. DESCRIBE HO	et and Number or	Rural Route Number,
COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	26a. DATE OF I (Month, De) 26a. PLACE OF building, a	NJURY v, Year) INJURY — At hate. (Specify) my knowledge, d	26b. TIME INJU	4 Nursing Ho OF 28c. IN W 1 1 Irreet, factory, offi	JURY AT ORK? YES 2 NO ce	26d. DESCRIBE HO 28f. LOCATION (Stn City or Town, St	eet and Number or are)	
O BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINITIES SIGNATURE AND TITLE OF CERTIFIE	28a. DATE OF I (Month, Da) 28a. PLACE OF building, a iiCIAN: To the best of n ER: On the best of exa	NJURY , Year) INJURY — At htc. (Specify) ny knowledge, dimination and/or	26b. TIME 26b. TIME INJU	4 Nursing Ho OF OF 28c. IN I 1 Treet, factory, offi	JURY AT ORK? YES 2 NO ce	26f. DESCRIBE HO 28f. LOCATION (Str. City or Town, St to the cause(a) and	net and Number or ate) menner as stated, and due to the c	Rural Route Number,
TO BE COMPLETED BY PHY	EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending Investigation 3 Suicide 8 Could not be determined 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINI	28a. DATE OF I (Month, Da) 28a. PLACE OF building, a iiCIAN: To the best of n ER: On the best of exa	INJURY — At h tc. (Specify) ny knowledge, d imination and/or	26b. TIME 26b. TIME INJU	4 Nursing Ho OF OF 28c. IN I 1 Treet, factory, offi	JURY AT ORKY YES 2 NO ce and place, and due death occured at the table.	26f. DESCRIBE HO 28f. LOCATION (Str. City or Town, St to the cause(a) and	menner as stated. and due to the c	Rural Route Number,

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Heath and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If Hem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND	MENTAL HYGIENE
CERTIFICATE OF DEATH	REG. NO.

1 - STATE REGISTRAR	STATE OF MARYL		CATE OF			GIENE 3. NO.		
1. OECEDENT'S NAME (First, Middle ODE	ret Luc				2. DATE OF DEA	ATH DAY	YEAR 3. TI	SO M
4. SOCIAL SECURITY NUMBER 220-05-1295	1 ☑ M 2 □ F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. Date of BIR (Month, Day, 1	6-08	Italy	E (State or Foreign
9a. FACILITY NAME (If not institution of the state of the	oh HaspitA		-	or Location of D	EATH	BA	LTIM	ORE
Maryland	COUNTY		timore	ATION				INSIDE CITY LIMITS? YES 2 NO
3107 Glendale 11. Marital Status 1 Never Merried 2 X Marris	e Ave.			21234			ZEN OF WHAT	COUNTRY?
3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 YES, GIVE WAR OR D	2 X NO	If yes, a	CENDENT OF HISPA pecify Cuben, Mexic S 2 X NO Spec	an, Puerto Rican, e	city Yes or No-	14. RACE — A Black, Wh Specify: White	merican Indian, te, etc.
15. OECEOEN (Specify only high Elementary/Secondary (0-12) 8 YYS. 17. FATHER'S NAME (First, Middle,	T'S EDUCATION est grade completed) College (1-4 or 5+)	16a. DECEDENT'S (Give kind of w ith. Do NOT use	USUAL OCCUPAT rork done during n e retired.)	ION lost of working	16b. KIND	OF BUSINESS/IND	DUSTRY	
Joseph Lucio	lo			Rosaria	AME (First, Middle, Prest	e		
Pose M. Lucio				end Number or Rura e Ave.,				
20a, METHOD OF DISPOSITION 1	Removal from State	bb. PLACE AND DATE cometary, crematory ew Cathedra	or other place)	N (Name		Balto., M		State
21. SIGNATURE OF FUNERAL SEP ROY H.			22. NAME	AND AODRESS OF F		Harford F	≿d.,Balto	o.,Md. 21214
	ee, pr complications that cause fellure. List Dnly one cause on a large state of the cause of th		C	ARCI				Approximate Interval Between Onset and Death
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	C	A CONSEQUENCE OF						
	d	but not possible a	in the underly	no cours olves i	n Part I 24a	WAS AN AUTOPSY	245 WEE	RE AUTOPSY FINDINGS
	STATE CONTROLLING TO GENERAL	Dut not resulting	in the underly	ing cease given i		PERFORMED? YES 2 NO	AMA COS OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH? YES 2 NO
25. WAS CASE REFERRED TO ME EXAMINER?	HOSPITAL:		26. OTHER:	PLACE OF DEATH (Check only one)			
25. WAS CASE REFERRED TO ME EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pend	1 Inpatient 2 ER/Out 26e. DATE OF INJURY (Month, Dey. Year)	28b. TIM	E OF 26c. I	ome 5 Residence NJURY AT YORK? YES 2 NO		clfy) E HOW INJURY OC	CURED	
n Country	284 PLACE OF IN SIR	tY — At home, farm, sectly)	street, factory, of	lice	281, LOCATION City or Tow	(Street end Numbern, State)	r or Rural Route	Number,
CONSCR ONLY	NG PHYSICIAN: To the best of my knor EXAMINER: On the best of examinati							I menner as stated.
296. SIGNATURE AND TITLE OF	allo, W	0		29c LICENSE N	5880	6 29d. DA	7.8	nth, Day, Year)
30. NAME AND ADDRESS OF PER CESALLO 31. DATE FILED (Month, Day, Year)	RSON WHO COMPLETED CAUSE OF D	ST.	JOSEF	PH H	DSPITA	(T	52 WG	M, M
JUL 9	1991 Lulia Novida							

	1. DECEDENT'S NAME (First, Middle, Last)		CE	.niir	ICALL	. UF	DEATH		REG. NO.	NY .	YEAR 3.	TIME OF OEATH
ł	BERGER LE	AH S. SEX	8. AGE (In yrs. lest						7 - 3	- 9		1510 P
	117 10 4245	1 M 2 XX	8 8	YRS.	IF UNDER	DAYS	HOURS MIN		Month, Day, Year) Aug. 20	,1902	Country)	CE (State or Foreign
	9e. FACILITY NAME (If not institution, give st				9b. CITY		R LOCATION OF	OEATH			Y OF DEAT	
	Washington Adv	entist H	Hospit	al		Ro	ckvill	.e		Mor	ntgor	nery
		tgomery		10c_CIT	y, TOWN C	i TT	TION E				(24)	I. INSIDE CITY LIMITS? YES 2 \(\text{\ballet} \) NO
	100. STREET AND NUMBER 6111 Montrose	Rd.				101.	. ZIP CODE 20852	2	TH.		N OF WHA	COUNTRY? States
	11. MARITAL STATUS 1 Never Married 2 Merried 2 Widowed 4 Divorced	12. WAS OECEOENT FORCES? 1 [IF YES, GIVE WA		MEO IO		If yes, spe		ricen, P	ORIGIN? (Specify Yeu werto Rican, atc.)	or No — 1		American Indian, hite, atc. 1 Casian
	1s. DECEDENT'S EDUC (Specify only highest grade		16a. OE	CEOENT'S	USUAL O	CCUPATIO	ON et of working	_	16b. KINO OF BU	SINESS/INOU	STRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)			ee retired.)	_{жын} ну то	et of working		Privat	o Pus	ino	7.6
	17. FATHER'S NAME (First, Middle, Last)			Calt	ret		16. MOTHEP'S	NAME	First, Middle, Meiden		Tue	0 0
	Moshe Ludwig						Unk					
ı	19e. INFORMANT'S NAME (Type/Print)								Number, City or Tow			
	Arnold Berger							Ro	ckville			
	20e. METHOD OF DISPOSITION 1 Burlel 2 Cremation 3 Remo	oval from State	20b. PLACE				Gdns.	1,	7-5 Fa	lls (
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22.			FACILI	r Funer	al Ho	mes	
	23. PART Enter tife diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	complications that List only one caus	e on each line),		0	da of dying, s	such a	s cardiac or resp	Iratory srre	et,	Approximata Interval Betwee Onset and Deat
	Sequantistly list conditions, if sny, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	OR AS A CONSEC	DUENCE C	PF):	dra	il Inf	er	clin			(Ga)
		a annielle de la c	death but not r	esulting	In the ye	dsriying	g cause given	In Par	t I. 24s. WAS AN		AM CC	RE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION DF CAUSE
	PART II. Other significant condition		nomo	-{/	4	Ye	ast		_ 1 YES	PE (10	-	DEATH?
	PART II. Other significant condition Meyandadae 25. WAS CASE REFERRED TO MEDICAL	Carcu	nêmo		-) (3		LACE OF DEATH	(Check	only one)		-	DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO				OTHE	R:			only one) Other (Specify)	240	-	DEATH?
	PART II. Other significant condition Melandatae 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	Carcu Hospital:	ER/Outpatient 3	26b. Til	4 🗆 Nu	R: sing Hom 26c. INJ	ne 6 Realder	26		INJURY OCCL	11	DEATH?
	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANINER OF DEATH Natural 5 Pending	HOSPITAL: 1 Impetient 2 26e. DATE OF I (Month, De) 28e. PLACE OF	ER/Outpatient 3 INJURY y, Year) INJURY — At hote, (Specify)	26b. TH	4 - Nu	R: raing Hom 26c. INJ WO 1 1	ne 6 Realder JURY AT DRK7 YES 2 NO	26	Other (Specify)	end Number o	1	DEATH?

Marin	- 1 100	
	O COMPLETED CAUSE OF	DEATH (ITEM 27) (Type, Prin

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7	100	Por
BALTIMORE, MARYLAND 21203-3146	hospitz	tached
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MAR	retained	shouls 5
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6	9	cto
ž	900	dire
F	death. F	funeral
m	after	by the
_	SIN	5
	24 PC	filled
D. BOX 13146,	certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physicia	iling physician and completely filled in by the funeral director, page 5 should be detached for use as the buriat-fr
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T	99	an
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	THE STATE OF	0 0
	75	= :

permit. Pages 1, 2, 3 should

1 -1. DE

FUNERAL DIRECTOR

BY

TO BE COMPLETED

examiner must be notified at once. hes any Injury, or other traumatic event, the medical The feath center of the death et by the attending TO THE HOSPITAL OR ATTENDING PHYSICIAN, TO THE EUNERAL DIRECTOR, After this central be fied within 72 hours after death with the "HIMPORTANT: If feen 28 is marked, or to

RECORDS, P.

DIVISION OF VITAL

PHYSICIAN: MEDICAL CERTIFICATION

BY

COMPLETED

2

FOR STATE REGISTRAR	STATE OF	MARYLAI	ND / DEPAR			IEALTH AND	MENTAL	HYGIENE		1	18376
1. DECEDENT'S NAME (First, Middle, Last)		-,						OF DEATH		VEAR	3. TIME OF DEATH
LITTLE, LOUE	LLA	(FR.	ANCES	LOUE	LL	1)	Jul	y 5,	199	1 1 YEAR	4:20 p.m.
4. SOCIAL SECURITY NUMBER 217-38-8518	5. SEX		yrs. lest birthday) 69 yrs.	IF UNDER 1	YEAR DAYS	IF UNDER 24 HRS. HOURG MIN.	7. DATE (of BIRTH	19	8. BIRTH	S. Carolin
90. FACILITY NAME (If not institution, give 3530 Edmonds		ue				nore Ci			9c. CO	UNTY OF D	DEATH
10e. STATE 10b. COUNT Maryland	TY			ry, town on							10d. INSIDE CITY LIMITS? 12 YES 2 NO
3530 Edmonds	on Aven	ue				21229			U.	S.A	WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDED FORCES? IF YES, GIVE	1 YES	2 X NO	11	yes, sp	ENDENT OF HISP ecity Cuban, Mexi- 2 NO Spec	can, Puerto R	? (Specify Yea Rican, etc.)	or No-	Blac	E — American Indian, k, White, etc. Black
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)			16a. DECEDENT'S (Give kind of life. Do NOT u	work done du ise retired.)			16b.	. KIND OF BUS	INESS/II	NOUSTRY	
17. FATHER'S NAME (First, Middle, Last) Benjamin Str	adford					18. MOTHER'S P					ckett
19a. INFORMANT'S NAME (Type/Print)		5-11	19b. MAILING	G ADDRESS	Street	and Number or Run			-		
Doris Gaithe	r		3530) Edm	one	dson Av	ve. B	altim	ore	e, MD	21229
20e, METHOD OF DISPOSITION D Burlel 2 Cremetion 3 Rer Donation 6 Other (Specify)	movel from State		other place)			metery, cremetory o		20c. LOC Bal		- City or To	
21. SIGNATURE OF FUNERAL SERVICE L	lane (20	nes	Ma	rsl	nall W. Edmond	FACILITY Jon	es, J	r.	Fune	eral Home ore,MD 212
23. PART I. Enter the disease, or shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	. List only one ca	use on eec	ch line.	not enter t	he mo	de of dying, e					Approximate interval Between Onset end Deeth
Sequentielly list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CONC DUE TO b. Dilat DUE TO C. DUE TO		CONSEQUENCE (o px	athy.			-		

d._ PART II. Other eignificent conditions contributing to deeth but not resulting in the underlying cause given in Part i. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO 1 YES 2 NO 26. PLACE OF OEATH (Check only one)

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: ng Home 8 Residence 8 🗆 Other (Specify) 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. OESCRIBE HOW INJURY OCCURED 1 Netural 5 Pending 1 YES 2 NO Investigation 2 Accident 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 3 Sulcide 281. LOCATION (Street and Number or Rural Route Number, City or Town, Stete) 6 Could not be detarmined 4 Homicide

29a. CERTIFIER (Check only 1 🐷 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(s) and manner as stated.

2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

296. BIGNATURE AND TITLE OF CENTIFIER	29c. LICENSE NUMBER	29d. DATE SIGNED (Month, Day, Year)
(Dudiell) Jahm on un	149000	1 7/8/91

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

M.D 600 N. Walle 32. REGISTRAR'S SIGNATURE

31. DATE FILED (Month, Day, Year) 0.9 1991 1111

Lulia Savidon Pandage COMPLETION OF CAUSE

OF OEATH? 1 TYES 2 NO BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

	FOR 1 - STATE REGISTRAR	STATE OF M			MENT OF H			NTAL HYGIEN	E	
	1. DECEDENT'S NAME (First, Middle, Leist) WILLIA		. I	ATHR	OUM,	SR.		DATE OF DEATH DA	1991	3. TIME OF DEATH 6:50 P
	4. SOCIAL SECURITY NUMBER 216-10-4109	5. SEX 1XXM 2 □ F	6. AGE (In yrs. last	YRS.	IF UNDER 1 YEAR		m. Ap	Month, pay, theri	1896 [∞]	Maryland Maryland
TOR	98. FACILITY NAME (If not institution, give 8419 Rugby Ro				Db. CITY, TOWN	Pasad		F 3 %	Anne	Arundel
DIRECTOR	10e. STATE 10b. COUNT	e Arund	e1		town or Local				77	10d. INSIDE CITY LIMITS 7 1 YES 2 1 NO
FUNERAL	106. STREET AND NUMBER 8419 Rugby Roa	.d			10	ZIP CODE	122			F WHAT COUNTRY? S A
B⊀	11. MARITAL STATUS 1 Never Merried 2 Merried 3XXWidowed 4 Divorced	12. WAS DECEDEN	T EVER IN U.S. ARI XXYES 2 N MAR OR DATES WW 1		If yes, ap	ENDENT OF H	IISPANIC (lexican, P	ORIGIN? (Specify Yes uerto Ricen, atc.)	8	ACE — American Indien, Black, Whita, etc.
COMPLETED	15. DECEDENT'S EDI (Specilly only highest gradi Elementary/Secondary (0-12)		(Gh	e kind of wo Do NOT use ente	SUAL OCCUPATION of the done during more retired.)	ON st of working		18b. KIND OF BUS		ndustry
BE COM	17. FATHER'S NAME (First, Middle, Last) William	G		athr	oum	110	's name Leo	(First, Middle, Maiden K	Sumame)	Hayden
10	19a. INFORMANT'S NAME (Type/Print) Benjamin C. La	throum			anada			Number, City or Town		21122
	20a. METHOD OF DISPOSITION 13 Buriel 2 Cremation 3 Ren 4 Donation 6 Other (Specify)		of cemetary	crematory o	of disposition of other place) n Mem	Par	k 7/	5/91 G1	en But	rnie, Md.
1	21. SIGNATURE OF FUNERAL SERVICE L	Colynia	b		Mc NAME A	Moun	Fune tain	ral Hon Rd. Pa	ne of i	Pasadena a,Md.21122
CERTIFICATION	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO	uzerti	WENCE OF	your Rie C	de of dying	will with	enfred	ting	Approximate interval Between Onset and Death World J W
PHYSICIAN: MEDICAL CI	PART II. Other algnificant condition	- /// / //	deeth but not re	eaulting in	the underlying	g cause)glv	en in Pa	24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
SICIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3		28. P OTHER: 4 Nursing Hor	LACE OF DEA	4	Carlo Carlo		
ВУ РНУ	27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigation	26e. DATE OF (Month, L	FINJURY Day, Year)	28b. TIME INJU	RY W	PURY AT ORK? YES 2 P		d. DESCRIBE HOW	NJURY OCCURE	D
	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE (building	OF INJURY — At ho , etc. (Specify)	me, farm, st	reet, factory, offi		26	St. LOCATION (Street City or Town, State)	end Number or Ru	iral Route Number,
COMPLETED	29s. CERTIFIER (Check only one) 1 CERTIFYING PHY:									use(e) and manner ea stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIE	ERVLY				29c. LICENS	170	13	29d. DATE SIG	HED (Morgin, Day, Year)
٩	30. NAME AND ADDRESS OF PERSON W	HO COMPLETED CAU	ISE OF DEATH (ITE	W 27) (Type, 1	Print)	Pas	ad	era 1	mo	21122
	31. DATE FILED (Month, Day, Year) 7-3042/09 19		AR'S SIGNATURE	Pandel	2.					1

DHMH-16 Rev 1/89

TO THE HOSPITAL DR ATTENDING PHYS TO THE FUNERAL DIRECTOR: After this to be filed within 72 hours after death with IMPORTANT: If Item 28 is marked

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AN	tific	S	1
HYSICIAN: The law requires that the beam continued to executed within 24 hours and leading to retained by the hospital of at	his certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use	with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	eed, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
H	Jis	N.	99

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

* REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last	n							2. DATE	OF DEATH			3. TIME OF DEATH
HUGHSTON E. LOW	VDER							JULY	7, 1	991	YEAR	9:15 P.
4. SOCIAL SECURITY NUMBER 251-24-3827		6. AGE (In yrs. last	birthday) YRS.	IF UNDER MONTHS	DAYS	HOURS	24 HRS. MIN.	(Month	Dey, Year)	925		PLACE (State or Foreign TH CAROLINA
90. FACILITY NAME (If not institution, give GREATER BALTIMOF		CENTER				MORE	ON OF DI	EATH			LT IM	
RESIDENCE OF DECEDENT 10a, BTATE 10b, COUN	iTY		10c. CIT	Y, TOWN C	OR LOCA	TION						10d. INSIDE CITY
MARYLAND				ALTIM	10RE							10d. INSIDE CITY LIMITS? XX YES 2 NO
100. STREET AND NUMBER 4542 PARKSIDE DR	RIVE	- W		٣.	10	r. zip codi 21	206				U. S	what country? A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1) IF YES, GIVE WA	YES 2 N	MEO O		It yes, sp		n, Mexica	in, Puerto F	? (Specify Yea lican, etc.)	or No-	14. RAC Blac Spec	E — American Indian, k, White, etc.
15. DECEDENT'S ED (Specify only highest gra	DUCATION	16a. DEC	CEDENT'S	USUAL O	CCUPATE during mo	ON ost of world	10	16b.	KIND OF BUS	SINESS/IN	DUSTRY	
Elementary/Secondary (0-12) NA	College (1-4 or 5+) NA		CHIN						ATRO	CRAFT	r com	APANY
17. FATHER'S NAME (First, Middle, Last)	NA	14.	.01111	(IDI		18. MOT	HER'S NA	ME (First, A	fiddle, Maiden		1 001	H ANL
THOMAS MARION LO	WDER								KIPPEI			
19a. INFORMANT'S NAME (Type/Print)		19b	MAILING	3 ADDRES	S (Street			_	er, City or Town		ip Code)	
JUNE S. LOWDER ((WIFE)	4	542	PARK	SID	E DRI	VE,	BALT	IMORE.	, MD	. 212	206
2vb. METHOD OF DISPOSITION 1 Deriel 2 Cremation 3 He 4 Donation 5 Other (Specify)	A	20b. PLACE Of Other pie METRO	CRE	EMATO	eme of ce	metery, crer	netory or					own, State MD .
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22,	NAME A	ND ADDRE	ss of F	ERAL	HOMES			
23. PART I. Enter the diseases, shock, or heert fellul immediate CAUSE (Finel disease or condition resulting in death)	a. Mayor	ne on each line.	16	not anter	331 1	BREHM ode of dy	IS LA	ANE,	BALTIN	ORE,	, MD	
shock, or heert felium IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Due to (DUENCE C	33 not anter OF):	331 1	BREHM ode of dy	IS LA	ANE,	BALTIN	ORE,	, MD	Approximate Interval Between
shock, or heert fellul IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury	a. DUE TO (OR AS A CONSECUTION AS	DUENCE CO	33 not anter	331 I	BREHM ode of dy	IS LA	ANE,	BALTIN	1ORE,	, MD , rreat,	Approximate Interval Betwee Oneet and Dea
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shock, or heert fellow IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	a. DUE TO (D. DUE TO (C. DUE TO (d. DUE TO (HOSPITAL: 1 Inpatient 2	OR AS A CONSECTION AS A CONSEC	DUENCE CO	OF): OTHE 4 Nu	nderlyin	BREHM ode of dy ng cause	IS LA	Part I.	24a. WAS AN PERFO! 1 YES 2	AUTOPSYMED?	, MD ,	Approximate Interval Betwee Oneet and Dea Oneet and Dea Oneet and Dea Oneet and Dea Oneet and Dea Oneet and Dea Oneet and Dea Oneet Oneet To Oneet
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BALTIMORE, MARYLAND 21215-0020

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the death Dans & may be retained by the hoenital or TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospit TO THE FUNERAL DIRECTIOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1 - STATE REGISTRAR		CERTIF	FICATE (OF DEATH	REG. NO	O	
1. DECEOENT'S NAME (First, Middle, Li	ast)				2. DATE OF DEATH	DAY	3. TIME OF OEATH
JAMES	E.	McDO	NALD,	Jr.			991 10:06 p
4. SOCIAL SECURITY NUMBER		AGE (In yrs. last birthday)		AR IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	B. BIRTHPLACE (State or Foreign Country)
218-62-3398	1 🔯 M 2 🗆 F	36 YRS.	WONTHS DA	noons min.	12 16	54 Ma	ryland
9a, FACILITY NAME (If not institution, g	ive street and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNT	TY OF OEATH
JOHNS HOPKINS			BALT	IMORE		BAL	TIMORE
RESIDENCE OF DECEDENT		100 0	TY, TOWN OR L	OCATION			10d. INSIDE CITY
	01111		timor				LIMITS?
Maryland 10e. STREET AND NUMBER		Dal	CIMOI	10f. ZIP CODE		140. 0777	1 YES 2 NO
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11, MARITAL STATUS	12. WAS DECEDENT E	7/FD (4) 110 A D14FD	140 140 0		ANIC ORIGIN? (Specify Y		14. RACE — American Indian,
1 Never Married 2 Married	FORCES? 1	YES 2 NO	If ye	e, specify Cuban, Maxie	an, Puerto Rican, etc.)	BE OF NO.	Black, White, etc.
3 Widowed 4 Divorced	IF YES, GIVE WAR	OR DATES	_ '	YES \$ NO Spec	thy:		Specify: Black
15. OECEOENT'S		16a. DECEDENT			16b. KIND OF B	USINESS/INDU	
(Specify only highest g Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind o	f work done durin use retired.)	ng most of working			
		Labore	er				
17. FATHER'S NAME (First, Middle, Last)	1202020		18. MOTHER'S N	AME (First, Middle, Maide	n Sumame)	
James E. McD	onald. Sr			Anni	e Ruth	uick	
19a. INFORMANT'S NAME (Type/Print)	CHAIG, OL.	19b. MAILIN	IG ADDRESS (St	reet and Number or Rurs	i Route Number, City or To	wn. State. Zip (Code) 21206
JoAnn Kille	tt	5501	Antho	ny Avenu	ie Balti	more	, Maryland
20s. METHOD OF DISPOSITION		20b. PLACE AND DA			DATE 20c. I	OCATION C	ity or Town, State
1 Buriel 2 Cremetion 3 4 Donation 5 Other (Specify)	Removal from State	of cemetary, cremato	ry or other place	meterv	7/6/91 Ba 1	timo	re, Maryland
21. SIGNATURE OF FUNERAL SERVIC	E LICENSEE	TOTECHNO		ME AND ADDRESS OF	AOII ITY		
Lance	Harry						Gilmor St.
		A					ara Ma ////
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BE COMPLETED BY PHYSIC

2

1 VES 2 NO

5 Pending Investigation

6 Could not be determined

1 Netural 2 Accident

3 Suicide

4 🔲 Homicide

	FOR	STATE OF MA							MENTA			1	83	80
	1. DECEDENT'S NAME (First, Middle, Lest) STANCIL MCNA	IR Sr.	С	ERTIF	ICATI	E OF	DEA	ГН	MON.		DAY	YEAR	17.00	о г реатн 0:30а. м
	4. SOCIAL SECURITY NUMBER 242-44-6318 9a. FACILITY NAME (If not institution, give a	5. SEX 6.	AGE (In yrs. la.	et birthday) YRS.	# UNDER	DAYS	IF UNDER	MIN.	7. DATE (Mon	II.Y E OF BIRTH hth, Day, Year) 16		8. BIRTH Countr	PLACE (S	tate or foreign Carolin
HOL	THE JOHNS HOPKIN		L	33			MORE				BAL	TIMO	RE C	ITY
DIMECTOR	10e. STATE 10b. COUNTY Marvland				y, town o Ltin								LIM	IDE CITY ITS? S 2 NO
EHAL	100. STREET AND NUMBER 2313 Windsor A	venue				101	21	E 216			10g. CI	TIZEN OF V	WHAT COU	INTRY?
BY FUNER	11. MARITAL STATUS 1 Never Married 2 1 Narried 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 SIF YES, GIVE WARE 1 2 - 2 - 5 2	YES 2 OR DATES	NO		If yea, sp	ENDENT Cook	in, Maxica	in, Puarto	IN? (Specify Yo Rican, atc.)	ea or No—		k, White, a	
COMPLEIED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5+)	Unit (C	ecebent's Give kind of the Do NOT us nStri	work done se retired.)	during mo	at of worki		16	b. KIND OF B	USINESS/IN	IDUSTRY		
BE CON	17. FATHER'S NAME (First, Middle, Lest) HEZEKiah McNai	r					18. MOT Vio			Middle, Maide 11iam				
2	19a. INFORMANT'S NAME (Type/Print) Lena Felder									mber, City or To Balti			212 aryi	216 Land
	20a. METHOD OF DISPOSITION 1 🔀 Burlei 2 Cremation 3 Rem 4 Donation 6 Other (Specify)		Garr:	of dispos Nace) 1 S O N	For	cest	. Ve	t,		. OW	ings			
Section Section	21. SIGNATURE OF FUNERAL SERVICE LI	Hurri					M ADDRE							r St. d 21217
	23. PART I. Enter the diseases, or ahock, or haert failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	s. Ung (Due tro (o	on each lin	EOUENCE O	ne to							rrest,	Int	pproximate tarval Between neet and Dasth
CERTIFICATION	Sequentially list conditions, if sny, leading to immediata cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	c	R AS A CONSI		PF):									1 I years
MEDICAL	PART II. Other aignificant condition	na contributing to da	eath but not	reaulting	in tha u	ndariyin	g cause	given in	Part I.		AN AUTOPS' ORMEO?	Y 241	COMPLE OF DEAT	UTOPSY FINDINGS LE PRIORI TO THON OF CAUSE TH?
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO	HOSPITAL:	R/Outpatient	3 🗆 DOA	OTHE 4 No	R:	LACE OF			one) her (Specify)				
100		1			7 - 110	and ma			A - 01	· · · · (op/mony)				

29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated.

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify)

26b. TIME OF

28c. INJURY AT WORK?

1 YES 2 NO

26d. DEŞCRIBE HOW INJURY OCCURED

261. LOCATION (Street and Number or Rural Route Number, City or Town, State)

296. SIGNATURE AND TITLE OF CERTIFIES 29c LICENSE NUMBER 29d. DATE SIGNED (Month; Day, Year) 9

M

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

26e. DATE OF INJURY (Month, Day, Year)

ST WOLFE 00 ANDON KING 32. REGISTRAR'S SIGNATURE

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irector,		r must
TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 st		IMPORTANT: If liem 28 is marked, or liem 23 shows any injury, or other traumatic event, the medical examiner must be noti
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0	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	M

REGISTRAR	0		/ DEPAI					MENTAL HYGIE REG. N			
1. DECEDENT'S NAME (First, Middle, Las	t)				-			2. DATE OF DEATH			3. TIME OF DEATH
Trma F.	McKi	night						MONTH 7	DAY O	YEAR	м
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I	last birthday)	IF UNDER		IF UNDER		7. DATE OF BIRTH		8. BIRTHE	LACE (State or Foreign
212-30-4861	1 □ M 3√XF	62	YRS.	MONTHS	DAYS	HOURS	MIN.	(Month, Dey, Year)		Mars	, ,land
9e: FACILITY NAME (If not institution, give	e street and number)	02		9b. CITY,	TOWN C	R LOCATIO	ON OF DE			NTY OF DE	
1312 Harlem A	venue			Ba1	tin	ore					
RESIDENCE OF DECEDENT			I so on	Y, TOWN O							
1312 Harlem A RESIDENCE OF DECEDENT 10e. STATE 10b. COUN Maryland	414			-30		ION					10d. INSIDE CITY LIMITS?
Maryland 100. STREET AND NUMBER			Ba1	timo		ZIP CODE			T 40 - 077		1 X YES 2 NO
							_				HAT COUNTRY?
1312 Harlem	Avenue	T FUED BLUE	DUED	T 40 3		2121		IIC ORIGIN? (Specify	US		American tedies
	FORCES?	YES 2 1	NO	1	f yes, sp	city Cuba	n, Mexica	n, Puerto Ricen, etc.)	Tes or No-	Black,	— American Indian, White, atc.
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE Y	WAR OR DATES		1	☐ YES	2. NO	Specify	c		Specify	Black
		16a. I	DECEDENT'S	USUAL OC	CUPATIO	N		16b. KIND OF	BUSINESS/IN	DUSTRY	
(Specify only highest gre	completed) College (1-4 or 5	+)	(Give kind of We. Do NOT u	work done one retired.)	luring mo	st of workin	g				
15. DECEDENT'S EI (Specify only highest gre Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)			ousev	rife							
17. FATHER'S NAME (First, Middle, Last)						16. MOTI	HER'S NA	ME (First, Middle, Mak	len Sumame)		
	0					Ge	nev	ive Do	rsey		
19. INFORMANT'S NAME (Type/Print)			19b. MAILIN	G ADDRESS	(Street a	nd Number	or Rural I	Route Number, City or	Town, State, Zi	p Code)	21217
Genevive Hutte	0	1	1312	Har	lem	Ave	. , B	altimor	e, Ma	aryla	and
20a. METHOD OF DISPOSITION		20b. PLA	CE AND DAT	E OF DISP	OSITION			DATE 20c.			
1 Suriel 2 Cremation 3 Re 4 Donation 6 Other (Specify)	emoval from State	_ of cemeta	ry, cremator	y or other p.	Če:	nete	ry	7/6/91	Balt:	imor	e, Md
21. SIGNATURE OF FUNERAL SERVICE	LICENSEE			22.	NAME A	ID ADDRE	SS OF FA	CILITY	20 M	Ci	lmor St.
Lesy	Ales 11	n		Т.	0 14 0	. TT-	rri	s F/H E			
23. PART i. Enter the diseeses, o	or complications the	ot caused the	death Do								Approximate
ahock, or heart fellur	e. List only one ca	use on each ii	ne.								interval Between Onset and Death
iMMEDIATE CAUSE (Fine)	010	Des's	TAI	11101	-/	ans	414	luis)			Onset and Death
resulting in deeth)	a. DUE TO	OR AS A CONS	SEQUENCE (NET C	- (- C	2/0	huis)			
	ANY	ewasch	wat.	c (211	de	Vas	astor 1	Sea	R	
Sequentielly list conditions,		OR AS A CONS									
if any, leading to immediate cause. Enter UNDERLYING	HUB	urTeu	em								
(III seeds and australia	G	OR AS A CONS	SECULENCE (_							
CAUSE (Disease or injury that initiated events	DOE TO		SEGUENCE (JF):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	d DOE TO		SEGUENCE)F):							
CAUSE (Disease or injury that initiated events resulting in death) LAST	d										
. DART II Other significant condit	d.				nderfyln	g ceuse	given in	Part I. 24s. WAS	AN AUTOPSY FORMED?	24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
. DART II Other significant condit	d.	dul.	t resulting	in the ur				PER		/ 24b.	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
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. DART II Other significant condit	d. Contributing to the second property of the	desle	at resulting	OTHEI	26. PR: sling Hon 28c. IN.	ACE OF C	C. E	PER 1 YE	FORMED?		COMPLETION OF CAUSE OF DEATH?
. DART II Other significant condit	d	ER/Outpetlent F INJURY Per, Year)	S POOA	OTHEL	26. PR: sing Hon 28c. IN. W(LACE OF DIVINITY AT DRK? YES 2 [DEATH (Charles and denca	PER 1 YE OLL B seck only one) 6 Other (Specify)	FORMED?		COMPLETION OF CAUSE OF DEATH?
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BALTIMORE, MARYLAND 21215-0020	hours after death. Page 6 may be retained by the hospital or attending physician.	ORECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should bound as the burial-transit permit. Pages 1, 2, 3 should bound as the figure after death with the State Dent of Health and Mental Hydiene prior to burial, cremation, or removal.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	 ONECTOR: After this certificate has been signed by the attending physician and completely filled in by the furbours after peath with the State Dest, or Health and Mental Hygiere prior to burial, cremation, or removal. 	The state of the s

	1. DECEDENT'S NAME (First, Middle, Last) HOWARD	L.	MA	ATTHEW	S, JR		MONT	OF DEATH DA		EAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-90-4343	5. SEX	6. AGE (In yrs. last 22	t birthday)	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.		OF BIRTH h, Day, Year)	8.	Countr	IPLACE (State or For
TOR	9a. FACILITY NAME (If not institution, give : 2400 blk. Morris RESIDENCE OF DECEDENT				altimo	OR LOCATION OF DI	EATH		9c. COUNTY Balti		re City
DIRECTOR	100. STATE 100. COUNT	Υ			own or Loca						10d. INSIDE CITY LIMITS?
FUNERAL	1606 N. Gilmor		311	10	В	altimor			USA	A	WHAT COUNTRY?
BY FUI	11. MARITAL STATUS Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 IF YES, GIVE WI	YES XX		If yes, s	CENDENT OF HISPAI pecify Cuban, Mexica XXX NO Specif	an, Puerto		s or No— 14	Black Spec	E — American India k, White, etc. elly: Black
LETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Gi	CEDENT'S US live kind of work Do NOT use i		ION ost of working	161	b. KIND OF BU	SINESS/INDUS	STRY	
COMPL	17. FATHER'S NAME (First, Middle, Lest) Howard L. Matt	hews S		DOLEI	ā.	16. MOTHER'S NA Barbar					
TO BE	19a. INFORMANT'S NAME (Type/Print)		191			end Number or Rural	Route Nun	nber, City or Tow	vn, State, Zip Co		212 Maryla
	Barbara J. Mat 20e. METHOD OF DISPOSITION **Example 2 Cremetion 3 Ren 4 Donation 6 Other (Specify)		20b. PLACE	AND DATE O	OF DISPOSITION		DA	7E 20c. LO	CATION — CI	y or To	own, State
1	21. SIGNATURE OF FUNERAL SERVICE L										
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	complications that	se on each line	.	Leroy		s F/	H Bal	timo	re	Md 21
TIFICATION	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentielly liet conditione, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications that List only one ceu a. MULTIP DUE TO b. DUE TO	se on each line	OUENCE OF):	Leroy t enter the m	Harris	s F/	H Bal	timo	re	Md 21
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	on ATTERNATE PLASCIAN. The law requires that the death certificate be executed within 2 mours after death. Page 6 may be retained by the hospital or attending physician.	DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	er death wi	than 28 is marked or than 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE REAL PROPERTY.	TO THE HOSPITAL OR ATTEMPTED BUTS	TO THE FUNERAL DIRECTOR: After this	be filed within 72 hours after death with	IMPORTANT: If Item 28 is marked

	1 - STATE REGISTRAR	TATE OF MARYL		ICATE OF			REG. NO.	E		
	1. DECEDENT'S NAME (First, Middle, Lgst)	5	Me	rrick		2. [OATE OF DEATH	ž9	YEAR 3. T	TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 5. S. S. S. S. S. S. S. S. S. S. S. S. S.	EX 6. AGE	(In yrs. last birthday) 53 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 7. D	ATE OF BIRTH Month, Day, Year)	8	8. BIRTHPLA Country	CE (State or Foreign
OR	9s, FACILITY NAME (If not institution, give atreet a	Medicial	Center	9b. CITY FOWN C	R LOCATION	OF DEATH		9c. COUN	TY OF DEATH	1
DIRECTOR	RESIDENCE OF DECEMENT / 106. COUNTY MD		10e. CIT	Y, TOWN OR LOCAT	TON				253	LINSIDE CITY LINKTS?
	10s. STREET AND NUMBER		Bal	timore	ZIP CODE			10g. CITIZ	EN OF WHAT	XYES 2 □ NO COUNTRY?
FUNERAL	Deaton Nursing Home	WAS DECEDENT EVER	10.11.0 ABACO	I so uno pro				USA		
B	1 Never Married 2 Married	F YES, GIYE WAR OR I	2 3NO	If yes, sp		Mexican, Pu	RIGIN? (Specify Yes erto Rican, atc.)	or No-	Black, WI Specify:	American Indian, hite, atc. Black
COMPLETED	15. DECEDENT'S EDUCATIO (Specify only highest grade comp Elementary/Secondary (0-12) Col		18a. DECEDENT'S (Give kind of life. Do NOT u	USUAL OCCUPATION work done during mose retired.)	ON st of working		Hotel I			
BE COA	17. FATHER'S NAME (First, Middle, Last) Lindsay Davis						Merrick			
10	19s. INFORMANT'S NAME (Typo/Print) Catherine Towson		the state of the state of the state of	ADDRESS (Street a					Code)	
nest ne	20a. METHOD OF DISPOSITION 1 XBurlel 2 Cremetion 3 Removal f 4 Donation 5 Other (Specify)	rom Stats	other place) Western	Star Ce			20c. LO Cat	cation — c	ity or Town,	State MD.
CASITITION	21. SIGNATURE OF PUNERAL SERVICE LICENSE). Bre	un	Josep	h H.	Brown	Jr. P.A	alto	MD	21223
	23. PART i. Enter the diseases, or comp shock, or heart failure. List IMMEDIATE CAUSE (Final	only one cause on	each line.	not enter the mo	de of dyln					Approximate Interval Between Onset and Death
Man and an an an an an an an an an an an an an	disease or condition s	DUE TO (OR AS	A CONSEQUENCE O	-algui	<u> </u>					16MO.
TION	Sequentielly list conditions, if any, leading to immediate	DUE TO (OR AS	A CONSEQUENCE O	PF):						
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	PF):						
CER C	d									
ICAL C	PART II. Other significant conditions co		but not resulting	in the underlyin	g cause gi	ven in Pari	i. 24a. WAS AN PERFOI 1 TYES 2	RMED?	AM	RE AUTOPSY FINDINGS AILABLE PRIOR TO IMPLETION OF CAUSE
SHOWS any Inju	ANOXIC E	veegho	Moza	Hy			1 723 2	NO NO		YES 2 NO
ICIAN	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	SPITAL:		26. P	LACE OF DE	ATH (Check o	nily one)			
IVSI	1 TYES 2 TO NO 1 TO	Impetient 2 - ER/Ou		4 - Nursing Hon					u tonero.	
BY PHYSICIAN:	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28s. DATE OF INJURY (Month, Day, Year)	IN.	M 1	JURY AT ORK? YES 2 _	NO	1. DEȘCRIBE HOW			
TED	3 Suicide 8 Could not be 4 Homicida dats mined	28s. PLACE OF INJUF building, atc. (Sp	tY — At home, farm, ecify)	atreet, factory, offic	ea .	281	LOCATION (Street City or Town, State,		or Rural Rout	w Number,
BE COMPLETED	298. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: Or									nd manner as stated.
TO BE (296. SIGNATURE AND TITLE OF CERTIFIER	who	D M	edDin	29c. LICEI	SE NUMBER	22	29d. DATE	SIGNED (M	onth, Day, Year)
4	30. NAME AND ADDRESS OF PERSON WHO CO	, the us	n 6	e, Print)	Ch	en/e	257	Bal	No :	2/250
	JUL 0.9 1991	32. REGISTRAR'S SIG	NATURE							

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notified at once be must examiner medical 6 completely fifled rial, cremation, (the event, traumatic been signed by the attending physician a r. of Health and Mental Hygiene prior to shows any injury, or other trauma . OR ATTENDING PHYSICIAN: The law in DIRECTOR: After this certificate has be hours after death with the State Dept. Dept. tem 5 marked, 99 28

Item

TO THE HOSPITAL O
TO THE FUNERAL DI
De filed within 72 ho
IMPORTANT: If Ite

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -CERTIFICATE OF DEATH 2. DATE OF OEATH
MONTH 3. TIME OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) BAY Marmer AM jamue 4. SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 1889 8. BIRTHPLACE (State or Foreign Country) 216-32-7518 1 N 2 | F MONTHS DAYS HOURS MIN. 102 89 **ENGLAND** 9e. FACILITY NAME (If not institution, give street end number, 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF CEATH RECTOR LEVINDALE BALTIMORE RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10e. STATE 10b. COUNTY 10d. INSIDE CITY 1 TYES 2 NO MARYLAND BALTIMORE 5 FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 2434 W. BELVEDERE AVE. 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yee or No-11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED RACE — American Indian, Black, White, atc. If yes, specify Cuben, Mexican, Puerto Rica

1 YES 2 NO Specify: FORCES? 1 YES 2 IF YES, GIVE WAN OR OATES 2 NO 1 Never Merried 2 Merried Specify: WHITE BY 3 Wildowed 4 Divorced WWI - ARMY ETED. 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only high Elementary/Secondary (0-12) College (1-4 or 8+) OWNER MENS SHOP COMPL UNKNOWN 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) **JACOB** MARMER FLORA LEVINE BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING AODRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 5715 PARK HTS. AVE., APT. 814 MISS MILDRED MARMER BALTO., MD 21215 20a. METHOD OF DISPOSITION 20c. LOCATION — City or Town, Blate 20b. PLACE AND DATE OF DISPOSITION (Name DATE The Buriet 2 Cremetton 3 Removal from State
4 Donatton 5 Other (Specify) BETH TFILOH 7/8/91 BALTIMORE, MD 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO 21215 MD 23 PART I Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardisc or respiratory arrest, Approximate shock, or Neers failure. List only one cause on each line. Interval Between Onset and Death IMMEDIATE CAUSE (Final disease or condition) ROSEPSIS resulting in death) DUE TO (OR AS A CONSEQUENCE OF): HRONIC 1061 LIMIL CERTIFICATION Sequentially list conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): . Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMEO? WERE AUTOPSY FINDINGS MEDICAL MAILABLE PRIOR TO COMPLETION OF CAUSE NA STARS DIOVASWIM 1 TYES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 28. PLACE OF DEATH (Check only one) HOSPITAL:
1-C Inpatient 2 - ER/Outpatient 3 - DOA OTHER: 1 YES 2 NO ng Home 5 - Residence 6 - Other (Specify) 4 I Nurs 27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending investigation 1 YES -2- NO BY 28s. PLACE OF INJURY — At home, farm, atreet, factory, office building, atc. (Specify) 281. LOCATION (Street end Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide LETTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occurred at the time, data and place, and due to the cause(a) and manner se stated. 296. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE 09 DIDISTTA -6-2 S OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 30. NAME AND ADDR 24 37 3 21212 32. REGISTRAR'S SIGNATURE 31. DATE FILED (Month, Day, Year) Julia Savidson- Ranghatte

OHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be detached for use as the burial-bransit permit. Pages 1, 2, 3 should be detached for use as the burial-bransit permit.
INFORMACION OF BUILDING OF BUILDING OF BUILDING AND THINKY, OF CHEMICAL CONTINUES TO THE MEST DE NOTIFIED AT DATE.

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1 - STATE REGISTRAR	STATE OF MARYL	CERTIFI	CALE OF	DEATH	REG. NO).		
1. DECEDENT'S NAME (First, Middle, Last		H GERALD	MACK		2. DATE OF DEATH MONTH JULY 4		YEAR 3.	. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 218-36-6568	1 🕅 M 2 🗆 F	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 6-21-19	- 18	MARY	ACE (State or Foreign
90. FACILITY NAME (II not institution, give 1641 GRAYHAVEN (RESIDENCE OF DECEDENT				OR LOCATION OF DI	EATH	9c. COUNT		TH TIMORE
10e. STATE 10b. COUN	LTIMORE	10c. CITY	TOWN OR LOCA	DUNDALK				od. INSIDE CITY LIMITS? VES 2 NO
1641 GRAYHAVEN (COURT		10	Of. ZIP CODE	1222	10g. CITIZE	N OF WHA	AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 _ YES IF YES, GIVE WAR OR D	2 XNO	If yes, s	CENDENT OF HISPAI pecify Cuben, Mexice \$ 2 NO Specify	NIC ORIGIN? (Specify Yen, Puerto Rican, etc.)	a or No 14	4. RACE -	American Indian, white, etc.
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 1 2TH GRADE	UCATION le completed) College (1-4 or 5 +) N/A		ork done during m retired.)	ON WORKING MECHANIC	166. KIND OF BU	EHEM S		CORP
17. FATHER'S NAME (First, Middle, Last) AUGUST HOWARD MA	CK	21101	rearrant	18. MOTHER'S NA	ME (First, Middle, Maiden	Sumeme)	31662	. COKI
190. INFORMANT'S NAME (Type/Print) JANET MACK					Route Number, City or Tox	vn. State, Zip Co		ND 2122
20s. METHOD OF DISPOSITION 1 □ Burlet 2 Commetton 3 □ Rer 4 □ Donation 5 □ Other (Specify)	noval from State con	D. PLACEAND DATE OF	F DISPOSITION (N	lame of	OATE 20c. LC	ISON, M	y or Town,	State
21. SIGNATURE OF FUNERAL SERVICE L	ICENSER							
23. PART I. Enter the diseases of shock, of heart fellure.	complications that ceused. List only one cause on e	d the deeth. Do no	7922 W	IISE AVEN		LK MD	21	222
23. PART I. Enter the disease or shock, as heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST	a. CARCINE DUE TO (OR AS A	ech line.	1922 W tenter the mo	DISE AVEN	UE DUNDA h ee cerdiec or reep	LK MD	21	Approximate interval Betwee Onset and Dasi
immediate CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente	b. DUE TO (OR AS A OUE TO (OR AS A d.	A CONSEQUENCE OF:	1922 We stender the mo	DISE AVENIODE OF DISTRIBUTION OF THE AVENIUM SERVICE OF THE AVENIUM	UE DUNDA h ee cerdlec or reep - 6 U S	LK MD iratory arres	21 st,	Approximate interval Betwee Onset and Dael
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IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	b. DUE TO (OR AS A OUE TO (OR AS A d	A CONSEQUENCE OF:	The E the underlyin the underlyin 26. Pi OTHER:	DISE AVENION OF THE PROPERTY O	Part I. 24a, WAS AN PERFOR	AUTOPSY RMED?	21 st,	Approximate interval Between Onset and Dast J. M. D. T. T. T. T. T. T. T. T. T. T. T. T. T.
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in death) LAST PART II. Other eignificent conditions in death cause. Examiner? 1 YES 2 NO 7. MANNER OF DEATH	b. DUE TO (OR AS A OUE TO (OR AS A d. HOSPITAL: 1 Inpetient 2 ER/Outp	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in 28b. Time INJUI	The E the underlyin the underlyin 26. Pi OTHER: Nursing How WY M 1	DISE AVENION DO CONTROLL SO PITA AVENION DE LACE OF DEATH (Che DURY AT DIRK? YES 2 NO	Pert I. 24a, WAS AN PERFOR	AUTOPSY IMED?	21 st, 24b. WE AMO OO OF	Approximate interval Betwee Onset and Dast I M On THE AUTOPSY FINDINGS ALLABLE PRIOR TO IMPLETION OF CAUSE DEATH? YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation Pending Inves	a. CARCINE DUE TO (OR AS A b. DUE TO (OR AS A c. OUE TO (OR AS A d	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in 28b. Time injury At home, ferm, str	T922 W the enter the mo The E the L the L the underlyin 26. PI OTHER: \[\begin{align*} \text{4 \cdots Nursing Horn} \\ \text{W} \\ \text{M} \\ \text{T} \\ \text{Treet, lactory, office} at the time, date	DISE AVENION OF THE PROPERTY O	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) 6 Other (Specify) 28d. OESCRIBE HOW I 26f. LOCATION (Street City or Town, State)	AUTOPSY IMED? NURY OCCUR	21 st, 24b. WE AM CO OF	Approximate interval Between Onset and Dast I'A MON ERE AUTOPSY FINDINGS ALABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated evente resulting in deeth) LAST PART II. Other eignificent condition 25. WAS CASE REFERREO TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation 29 Accident Investigation Pending Inves	a. CARCINE DUE TO (OR AS A DUE TO (OR AS A C. OUE TO (OR AS A d. OUE TO (OR AS A	DOM A GA A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) A CONSEQUENCE OF) Dut not resulting in Destient 3 DOA 28 28b. Time INJUI — At home, ferm, str. Didge, desth occurred in end/or investigation,	1 the underlyin 28. Pl OTHER: 4 G Naring Hom 0 1 Creet, lactory, officer, lactory,	DISE AVENION OF THE PROPERTY AND THE SAME PROPERTY AT THE PROP	Part I. 24a, WAS AN PERFOR 1 YES 2 Ck only one) 6 Other (Specify) 281. LOCATION (Street City or Town, State) to the cause(e) end mer lime, date and place, en	AUTOPSY IMED? NO NJURY OCCUR and Number or a stated, and due to like a stated. 29d. DATE States	24b. WE AM OF 1 [REO Rural Route Busse(e) an-	Approximate interval Between Onset and Dast I'M On Onset and Dast I'M On Onset and Dast I'M On Onset and Dast I'M On Onset and Dast I'M On Onset I'M Onset I

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irector,		snu .
RAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
I in by the	72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	nedical
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FOR 1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	
1. DECEDENT'S NAME (First, Middle, EUGEN		McGRAW		2. DATE OF DEATH DAY JULY 6. 199	YEAR 3. TIME OF DEATH
4. SOCIAL SECURITY 0567 219-38-0561 90. FACILITY NAME (If not institution,	1 x M 2 □ F 50	YRS. MON	UNDER 1 YEAR IF UNDER 24 HRS. THE DAYS HOURS WIN. CITY, TOWN OR LOCATION OF D	7. DATE OF BIRTH (Month, Day, Year) Oct. 21, 194	8. BIRTHPLACE (State or Foreign Country) Maryland COUNTY OF DEATH
5815 Plumer A	ve.		Baltimore Ci		
Maryland 106. C	OUNTY		WN OR LOCATION altimore City		10d. INSIDE CITY LIMITS? 1 VES 2 NO
100. STREET AND NUMBER 5815 Plumer AVe			101, ZIP CODE 21206		CITIZEN OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER	2 NO		NIC ORIGIN? (Specify Yes or November, Puerto Rican, etc.)	0-3-A- 14. RACE — Americen Indian, Black, White, etc. Specify: White
15. DECEDENT' (Specify only highest Elementary/Secondary (0-12)		16a. DECEDENT'S USU (Give kind of work of life. Do NOT use ret	AL OCCUPATION done during most of working ired.)	16b. KIND OF BUSINES	
12 yr's		Cost Ana		B.G.&	
17. FATHER'S NAME (First, Middle, La Eugene	st)	McGraw		AME (First, Middle, Meiden Surna anor	Knauff
190. INFORMANT'S NAME (Type/Print		19b. MAILING ADD	DRESS (Street and Number or Rura		
Mrs. Sadie McGr		Same	as #10	DATE 20c. LOCATIO	DN — City or Town, State
IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentially list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS	A CONSEQUENCE OF): A CONSEQUENCE OF):	of Scom	ACH (G.E	Supplies 10 Mas
resulting in deeth) LAST PART II. Other significant con	dditional contributing to death	but not resulting in the	ne underlying cause given l	n Pert I. 24s. WAS AN AUTO PERFORMED 1 YES 2	? AVAILABLE PRIOR TO COMPLETION DE CALISE
25. WAS CASE REFERRED TO MEDI- EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (C	Check only one)	
1 VES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending		Y 28b. TIME OF	28c. INJURY AT	8 Other (Specify) 28d. DESCRIBE HOW INJUR	Y OCCURED
2 Accident Investig 3 Suicide 8 Could r 4 Homicide determi	28e. PLACE OF INJUI building, etc. (Sc	RY — At home, farm, stree		281. LOCATION (Street and N City or Town, State)	lumber or Rural Route Number,
(order only	PHYSICIAN: To the best of my kno AMINER: On the basis of axaminat				ss stated. e to the cause(s) and manner as stated
290. SIGNATURE AND TITLE OF CO	4		29c. LICENSE N	UMBEB 294 \$10 ▶	1. DATE SIGNED (Month, Day, Year)
Vundyala V.	Reddy, M.D.		e Alameda		1 1
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG	GNATURE			

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	ecuted	ind cor	burial,	
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	rtificate	of phys	iene pr	
DIVIDION OF THE HEADING, 1.0. DOX 10149,	TO THE HOSPITAL OR ATTENDING PHYSICAN THE PRINCIPLE THE UNITED THE DESTRUCTION OF SECURED WITH	TO THE FUNERAL DIRECTOR: After this certification is signed by the attending physician and complete	be filed within 72 hours after death with the part of Health and Mental Hygiene prior to burial, cren	
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	1 - STATE STATE OF MARYLAND / DEPAR CERTIFI	TMENT OF HEALTH AND CATE OF DEATH	MENTAL HYGIENE REG. NO.	10007
	1. DECEDENT'S NAME (First, Middle, Leat) GRACE W. M		2. DATE OF OEATH MONTH JULY 3, 1991	YEAR 3. TIME OF DEATH 9:07 A M
	4. SOCIAL SECURITY NUMBER 5. SEX 1 M 2 F 79 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) SEPT. 3, 1911	BIRTHPLACE (State or Foreign Country) MARYLAND
OR I	9a. FACILITY NAME (If not institution, give street and number) KESWICK HOME RESIDENCE OF DECEMENT	BALTIMORE, CIT	1	INTY OF DEATH
DIRECTOR		BALTIMORE, CIT	Y , , ,	10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL	700 WEST 40th STREET	101. ZIP CODE	.211	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced 12. WAS DECEDENT EVER IN U. ARMED FORCES7 1 YES 2 NO IF YES, GIVE WAR OR DATES	13. WAS DECENDENT OF HISP If yes, specify Cuben, Maxi 1 YES 2 NO Spe		14. RACE — American Indian, Bleck, Whita, atc. Specify: WHITE
COMPLETED	(Specify only highest grade completed) (Give kind of ville. Do NOT us	usual occupation rork done during most of working e retired.) RSE (REGISTERE	16b. KIND OF BUSINESS/IN ED) HOSPITAL	DUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Leet) WALTER WRIGHT	JOHAN	NAME (First, Middle, Melden Surname)	
5		ADDRESS (Street and Number or Run ORIZONS EAST	al Route Number, City or Town, State, Z. BOYNTON BEACH I	
	20e. METHOD OF DISPOSITION 20b. PLACE OF DISPOSITION 20b. PLACE OF DISPOSITION Other place)	SITION (Name of cemetery, crematory of		- City or Town, State
	4 Donation 5 Other (Specify) DENTON C	EMETERY	DENTON,	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE William R. Pauco III	HENRY W. JEN	FACILITY 4905 YORK NKINS AND SONS.	ROAD 21212 BALTIMORE,MD.
CERTIFICATION	ahock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST a. Self ZUVC DUE TO (OR AS A CONSEQUENCE OF OUR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OF OUR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUENCE OR TO (OR AS A CONSEQUEN	P):		Interval Batween Onset and Daath 14 M/S
MEDICAL	PART II. Other algorificant conditions contributing to death but not resulting COPD, SMOKING MISS	in tha undariying causa given	In Part I. 24a. WAS AN AUTOPS' PERFORMED? 1 YES 2 NO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICTAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	25. PLACE OF DEATH		
ву РНУ	27. MANNER OF DEATH 1 Netural 6 Pending (Month, Dey. Year) 2 Accident Investigation	E OF URY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE HOW INJURY O	CCURED
	3 Suicide S Could not be determined 28e. PLACE OF INJURY — At home, farm, building, etc. (Specify)	street, factory, office	281. LOCATION (Street and Numb City or Yown, State)	er or Rural Route Number,
COMPLETED	29a. CERTIFIER (Check only one) CERTIFYINO PHYSICIAN: To the best of my knowledge, death occurr one) MEDICAL EXAMINER: On the basis of axamination and/or investigation			
TO BE CO	296. SIGNATURE AND TITLE-OF SERPIFIER OUT OF SERVICE AND ACCOUNTS SERVICE OF DEATH (TEM 27) (Type 30. NAME AND ACCORDANCE OF DEATH (TEM 27) (Type	Charles St. D 340	188	7-/3/9/ 7-/3/9/
	31. DATE FILED (Month, Day, Voar) 32. REGISTRAR'S SIGNATURE	V, Charles St	L. Belfo, Md	21204
	JUL 09 1991 Alie Savidson-Randese			DHMH-16 Rev 1/8

TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

1	•	STATE REGISTR	AR
	_	ECEDENT'S	NAN

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR		CEI	RITEIC	ALE OF	DEATH		REG. NO.		
LERED E.				MOOR	E, JR	2. DATE (1991	3. TIME OF DEATH 9:05 P
SOCIAL SECURITY NUMBER $17-56-5741$	5. SEX X X M 2 F	3. AGE (In yrs. last t		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE C (Month, 10)	Pay. Year) 52	Count	NPLACE (State or Foreign try) aryland
. FACILITY NAME (If not institution, give a	street and number)		91	L CITY, TOWN	OR LOCATION OF DI			COUNTY OF I	
126 N. MONTFORD	AVENUE		1	BALTIM	ORE				
a. STATE 10b. COUNT	Υ		10c. CITY, T	OWN OR LOCA	TION				10d, INSIDE CITY
MD			Ba	ltimo	re				LIMITS?
STREET AND NUMBER	10.1		2	10	. ZIP CODE	-	10g.	CITIZEN OF	WHAT COUNTRY?
26 North Mont	ford Ave	enue	MJ		21224			US	SA
MARITAL STATUS Never Married 2 Married Widowed 4 Polyorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2 NO		It yes, sp	ENDENT OF NISPAI ecity Cuban, Maxics X X NO Specif	ın, Puerto R	? (Specify Yes or No Ican, etc.)	Spec	E — American Indian, ik, White, etc. illy: 7hite
15. DECEDENT'S EDU (Specify only highest grade	ICATION	16a. DECI	DENT'S US	UAL OCCUPATI	ON	16b.	KIND OF BUSINESS		
Elementary/Secondary (0-12)	College (1-4 or 5+)			k done during me etired.)					
unkho	wn	plu	mber	, pum			industr		
FATHER'S NAME (First, Middle, Last)	C						liddle, Malden Suman	ne)	
Alfred E. Moo	ore, Sr.	Lan	MAII INC. CT	DDECC //			Wodka	7in Andre	
Anna T. Moore		1000					alto. M		27.
METNOD OF DISPOSITION Burlal & Cremation 3 Rem				F DISPOSITION		PATE DATE			
Burial ♣ Cremation 3 ☐ Rem Donation 5 ☐ Other (Specify)	noval from Stata	of comptany o	rometon, or	other place)	•	1			of the state of th
SIGNATURE OF PUNERAL SERVICE LI	CENSEE	TOLCEN	moun				/91 Bal		
* title x	12.0.0			Mora	n-Ashto	n Fu	neral l	Home,	Inc.
equantially list conditions, any, leading to immediate ause. Enter UNDERLYING	b	OR AS A CONSEOU							
AUSE (Disease or Injury nat initiated events esuiting in death) LAST	DUE TO (OR AS A CONSEOU	IENCE OF):						
CHRONIC ALCOHOL		leath but not re	sulting in	the underlying	g cause given in	Part I.	24e. WAS AN AUTO PERFORMED? 1 AT YES 2 - N		b. WERE AUTOPSY FINDS MAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
WAS CASE REFERRED TO MEDICAL				24.5	LACE OF DEATH (C	bank anti an	-1		
EXAMINER?	HOSPITAL:	ER/Outpatient 4 (DOA C	THER:	ne 6 Residenca				
MANNER OF DEATH 1 Netural 6 Pending	28a. DATE OF I	NJURY	26b. TIME (OF 28c. IN	JURY AT ORK? YES 2 NO		CRIBE NOW INJURY	OCCURED	
2 Accident Investigation 3 Suicide 6 Could not be 4 Nomicide determined	28e. PLACE OF building, a	INJURY — At homatic. (Specify)	e, farm, str				ATION (Street and Nu or Town, State)	imber or Rura	Route Number,
CERTIFIER 1 CERTIFYING PNYS	SICIAN: To the best of a								(a) and manner as state
b. SIGNATURE AND TITLE OF CERTIFIE	22				29c. LICENSE NU OCME	IMBER		DATE SIGNE	1991
NAME AND ADDRESS OF PERSON WI	. 1				TREET BA	LTIMO	RE,MARYL	AND 2	1201
DATE FILED (Month, Day, Year)		R'S SIGNATURE							

BALTIMORE, MARYLAND 21215-0020	4 hours after death. Page 6 may be retained by the hospital or attending physician.	0 THE FUNERAL DIRECTOR: After this certificate has been signed by the attending permit. Pages 1, 2, 3 should	n, or removal.	e medical examiner must be notified at once.
BOX 68760,	The secured within 2	the state of the s	recommendati, crematio	ar tharmetic event, th
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifine equations are death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiein and Telli, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other transmite event, the medical examiner must be notified at once.

	FOR STATE REGISTRAR	STATE OF MARY			HEALTH AND	MENTA	L HYGIENE		
	1. OECEOENT'S NAME (First, Middle, Last)					MONT	OF OEATN DAY		3. TIME OF DEATN
	JUNE M 4. SOCIAL SECURITY NUMBER		E (in yrs. last birthday)	CLELLA!		07	OF BIRTH	91	12:15 AM M BIRTHPLACE (State or Foreign
	217-22-1126		66 YRS.	MONTHS DAY		(Monti	h, Dey, Year) 26/25		Country)
	9e. FACILITY NAME (If not institution, give a	4.8	00	9b. CITY, TOV	N OR LOCATION OF I		20/23	9c. COUNTY	Maryland OF DEATN
DIRECTOR	NORTH ARUNDEL HO	SPITAL ASSO	CIATION	GLE	BURNIE			Α.	A. COUNTY
E C	10e. STATE 10b. COUNTY	r	10c. CIT	Y, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
	Maryland		Ва	altimo	re				1 YES 2 NO
N N	10e. STREET AND NUMBER				10f. ZIP COOE			10g. CITIZEN	OF WHAT COUNTRY?
	900 Waterview				21226				S.A.
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	If yes	DECENDENT OF NISP, specify Cuben, Mexic YES 2 NO Spec	en, Puerto		or No— 14.	RACE — American Indien, Black, White, atc. Specify: White
E	15. DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	USUAL OCCUP	ATION most of working	16k	. KINO OF BUSI	NESS/INDUST	TRY
COMPLET	Elementary/Secondary (0-12)	College (1-4 or 5+)	Homemak						Domestic
5	17. FATNER'S NAME (First, Middle, Lest)				16. MOTNER'S N		Middle, Meiden S	urname)	
BE C	Elmer R.	Kenne	у		Ethe	21	М.	Нос	ok
0	19e. INFORMANT'S NAME (Type/Print)	ALCUL S			et end Number or Rura				
	Marion R. Mc L				iew Dri		Balti		
	20e. METNOD OF DISPOSITION 1 1 Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	20b. PLACE AND DAT of cemetary, cremator Glen Hav	y or other place) 7 en Me	m. Park	7 / 8	/ 91 G1	en Bi	urnie, Md.
	21. SIGNATURE OF FUNERAL SERVICE LIS								Pasadena
	> Theries. 6	lynick		320	4 Mounta	ain 1	Rd. Pa	sade	na, MD. 21122
	23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition	List only one cause on	sed the death. Do n eech line.	1	· A ·		diec or respir	atory arreat	Onset and Death
	resulting in death)	DUE TO (OR A	S A CONSEQUENCE C	OF):	iratio	1			Winny
Z	Sequentially ilst conditions,	s. Shy-	S A CONSEQUENCE C	<u></u>	Synd	124	~		
A	If any, leading to immediate cause. Enter UNDERLYING	Pall	S A CONSEQUENCE C	r): . c	Dice	200-	0		
HIFICATION	CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSEQUENCE C	OF):		- 0	7		
E	resulting in deeth) LAST	d							
L CE	PART ii. Other significent condition	ns contributing to deat	h but not resulting	in the under	ying ceuse given i	n Part I.	24e, WAS AN A		24b. WERE AUTOPSY FINDINGS
2	chirany	Inact	5-0	ecti	×		PERFORM		AMAILABLE PRIOR TO COMPLETION OF CAUSE
PHYSICIAN: MEDIC	Her week	· ~						7	OF DEATN? 1 ☐ YES 2 ① NO
Z Z	7/1								- 7
S	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	S. PLACE OF OEATN (Check only o	ne)		
2	1 TYES 2 NO	1 Inpatient 2 ER/O		4 🗆 Nursing	Nome 5 - Residenc	1			
	27. MANNER OF DEATH Natural 6 Pending	28a. DATE OF INJUF (Month, Day, Yea	RY 28b. Til	JURY	WORK? YES 2 NO	28d. DE	SCRIBE NOW IN	JURY OCCUP	RED
D BY	2 Accident Investigation 3 Suicide 6 Could not be	28e. PLACE OF INJU- building, etc. (S	JRY — At home, farm,	street, factory,	office	28f. LO	CATION (Street a	nd Number or	Rural Route Number,
	4 Homicide datermined	building, etc. (C	фоску			City	or Town, State)		
COMPLETED	cool	HCIAN: To the best of my kr							suse(e) and manner as stated.
- 1	295. SIGNATORE AND TITLE OF CERTIFIE	2/6	0		29¢. LICENSE N	UMBER		29d. DATE S	HONED (Month, Day, Year)
O BE	Hood	Hoan	amo		13/)44	/	1.7.	-4-91
	30. NAME AND ADDRESS OF PERSON WE HAROLD G HEBARD,	1/			LEN BURNT	E MI	21061		
	31. DATE FILER (Month, Day, 9ar) 1991		SON Fandal		DOMAI	111	21001		
	וכבו" פת יוחר	1 Tanasan	موسيا الماليين						

TO BE COMPLETED BY FUNERAL DIRECTOR

	HYSICIAN: The law requires that the death certificate be executed within 🗻 nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	ith the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
6000	es that the dea	gned by the at	ealth and Ment	
1	law requir	as been si	Jept. of He	
	CIAN: The	rtificate h	he State [
5	G PHYSIC	ter this ce	ith with t	
O NOISE OF	NO	CTOR: Aft.	s after des	
	SEPTIAL DR ATTEN	AL DIRE	72 hours	
A CONTRACTOR	HOSPIT	E YEUNER	led within 72 hours afte	
	TO TH	TO THE	be filed	

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

1	REGISTRAR CEDENT'S NAME (First		רק ד	CE	EHILIFIC	DATE OF	DEATH		DAY /	YEAR	3. TIME OF DEATH 9:00 Am N
								-/-	7/	91	-
4. 80	216-09-		5. SEX 1 M 2 F	8. AGE (In yrs. less		F UNDER 1 YEAR ONTHS DAYS	HOURE MIN.	7. DATE OF BIRTH (Month, Day, Year)	1908	Country	PLACE (State or Foreign
	CHURCH I	HOSPI			9		IMORE C			NTY OF DI	
10e.:	STATE MD	BA	LTIMOR	E	10c. CITY,	TOWN DR LOC	ATION				10d. INSIDE CITY LIMITS? 1 YES 2 ND
100.			ALL R				01. ZIP CODE	2		US	7.
11. M	Never Married 2 Widowed 4 Divi		FORCES? 1	NT EVER IN U.S. AR I YES 2 11 MAR OR DATES		If yes, a		NIC DRIGIN? (Specify \u00ed an, Puerto Rican, etc.) fy:	les or No-	14. RACE Black Specific	- American Indian, t, White, atc. fy:
17. F/	15. DEC (Specify on Elementary/Secondary (CEDENT'S EDU ly highest grade (0-12)	ICATION o completed) College (1-4 or 5	+) (G	the kind of wo	SUAL OCCUPAT A done during is retired.) WIFE	nost of working	18b. KIND OF B	USINESS/INC	DUSTRY	
	ARTHUR	Н.	BENHO	A			ANN		HAR	-	
P	HYLLLI	5 A.	MUELL	ER 8	334	CORN	WALL A	Route Number, City or To	DAT /	MD.	21222
12	METHOD OF DISPOSIT Burlal 2 Cremati Donation 5 Othe	on 3 🗆 Ren	noval from Stata	- SACRI	lace)		cemetery, cremetory or		BALT	, to	wn, State
		AL GERVICE II	CENSEE		20 11	EART	CEMET				0
21. 3	▶ Coet	Con	nelli	V	20 11	CON N		NERAL HO		FD	UNDALK M) 21226
23.	PART I. Enter the c	Condiseases, or haart fallure.	nelly	at caused the de	aath. Do no	22. NAME CON A 7 110	AND ADDRESS OF FU VELLY FU SOLLER node of dying, su	NERAL HO	HE C BAL	F D	UNDALK Approximate Interval Batweel Onset and Desti
23.	PART I. Enter the cahock, or h	Condiseases, or haart fallure.	complications to	at caused the de	eath. Do no	22. NAME CON N 7 110	AND ADDRESS OF FUNCTION OF THE POPULATION OF THE	NERAL HO S PT. RD	BAL apiretory an	T M	Approximate Interval Batween
23. IMM disc	PART I. Enter the cahock, or he MEDIATE CAUSE (Fleese or condition uiting in death)	diseases, or neart failure.	complications by List only one can be complicated by the complete to the compl	o (OR AS A CONSE	enth. Do no	22. NAME CON N 7 110 of anter the n	AND ADDRESS OF FU VELLY FU SOLLER node of dying, su	NERAL HO S PT. RD	BAL apiretory an	F D	Approximate Interval Batween
23. IMM disc	PART I. Enter the canock, or he MEDIATE CAUSE (Figure 1) and the cause or condition uiting in death)	diseases, or neart failure.	complications by List only one of DUE TO DUE TO C.	o (OR AS A CONSE	eath. Do no	22. NAME CON N 7 110 or anter the n	AND ADDRESS OF FUNCTION OF THE POPULATION OF THE	NERAL HO S PT. RD	BAL apiretory an	T M	Approximate Interval Batween
23. IMM discrease Section of the case CAU their results	PART I. Enter the canock, or he mediate CAUSE (Fi ease or condition uiting in death) quentially list condition, laeding to immesse. Enter UNDERLY USE (Disease or injection) to initiated events	diseases, or neart failure.	complications by List only one of DUE TO DUE TO DUE TO d.	o (OR AS A CONSE	eath. Do no	22. NAME CON N 7110 VI anter the n	AND ADDRESS OF FUNCTION SOLLER. node of dying, su Coll gan for	Part I. 24a. WAS.	BAL apiretory an	T N	Approximate Interval Batween
23. IMM discrease Section of the case CAU their results	PART I. Enter the canock, or he shock, and he shock,	diseases, or neart failure.	s	o (OR AS A CONSE	eath. Do no e. Sie Val EDUENCE OF): DUENCE OF): Tesuiting in	22. NAME CON NOT THE TOTAL TOTAL THE THE THE THE THE THE THE THE THE THE	AND ADDRESS OF FUNCTION OF THE PLACE OF DEATH (C	NERAL HOS PERFORMS ST. RD Chas cardiac Dr res	BAL apiretory ar	T N	Approximate Interval Batweer Onset and Deat were Autopsy Findings Amiliable Prilor to Completion or Cause of Death?
23. IMM distribution of the control	PART I. Enter the canock, or he shock, and he shock,	diseases, or neart failure.	complications y List only one ci a	o (OR AS A CONSE	eath. Do no e. Sie Val EDUENCE OF): DUENCE OF): Tesuiting in	22. NAME CON NOT THE TOTAL TOTAL TOTAL THE TOT	AND ADDRESS OF FUNCTION OF THE PLACE OF DEATH (C	The Part I. 24a. WAS. PERF	BAL apiretory and synch, AN AUTOPSY FORMED? 2 P NO	T Trost,	Approximate Interval Batweer Onset and Deat were Autopsy Findings Amiliable Prilor to Completion or Cause of Death?
23. IMM distress Cau	PART I. Enter the canock, or he shock, and he shock enter uniting in death) LASE (Disease or injuries. Enter UNDERLY UNE UNDERLY UNDER	diseases, or haart fellure. inel itions, ediate fing fury ST TO MEDICAL	b. DUE TO d. HOSPITAL: 1 Propertient 2 28a. DATE O (Month,	O (OR AS A CONSE	aath. Do no e. Co Various Var	22. NAME CON M 7 110 Pt anter the n recular : Oc. : Oc	AND ADDRESS OF FUNCTION OF SOLLER: SOLLER: node of dying, sur Care J Sep S Ing cause given in PLACE OF OEATN (Come 5 Residence INJURY AT WORK? VES 2 NO	Part I. 24a. WAS. PERF 1 YES Check only one) 8 Other (Specify)	AN AUTOPSY FORMED? 2 MO	Trest,	Approximate Interval Batweet Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death Onset and Death

BROADWAY BALTIMORE MD



30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

100

1991

NORTH BROA

DR. BOAHARI
31. DATE FILED, (Month, Day, Year)

E HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2x riours after death. Page 6 may be retained by the hospital or attending physician.	FINGERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	a wint for after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	FTANT. File of 1s marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
THE HOSPITAL OR ATTE	TO THE FLATERAL DIRECTOR	be filed within 72 hours after	IMPORTANT: If them 28

REGISTRAR	SIAIE UF MANTLAI		ENT OF HEALTH AND TE OF DEATH	REG. NO.	
1. DECEDENT'S NAME (First, Middle, Last)	Mc Wern	n Leroy M	cKinney	2. DATE OF DEATH MONTH DAY	YEAR 3. TIME OF DEATH
	1 (0)		NDER 1 YEAR IF UNDER 24 HRS.	, ,	8. BIRTHPLACE (State or Foreign Rountry)
9a. FACILITY NAME (If not institution, give stre	Hospita	6 9b.	TOWN OR LOCATION OF	DEATH 9c. COUN	LE MORG
	timore	Balt	imore		10d. INSIDE CITY LIMITS? 1 YES 2 XNO
100. STREET AND NUMBER 76/9 HILL	ENDALE	Rd	10t. ZIP CODE	34	U.S.A
11. MÁRITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	2 NO	13. WAS DECENDENT OF HISP. If yee, specify Cuben, Maxi- 1 YES 2 XNO Specify Cuben, Maxi-	cen, Puarto Rican, atc.)	14. RACE — American Indian, Black, Whita, atc. Specify: White
15. DECEDENT'S EDUCA (Specify only highest grade of Elementary/Secondary (0-12)			AL OCCUPATION lone during most of working ed.) 'ket Manager	166. KIND OF BUSINESS/INDI	USTRY
17. FATHER'S NAME (First, Middle, Leet) Vernon Lee McKinne	∍y			Marie Hare	
19a. INFORMANT'S NAME (Type/Print)	Trans.	19b. MAILING ADD	RESS (Street and Number or Rura	Il Route Number, City or Town, State, Zip	Code)
Carole McKinney		102 Gin	wood Lane Ba	altimore, MD. 2	1221
20a. METHOD OF DISPOSITION 1 Verification 2 Cremation 3 Remove 4 Donation 5 Other (Specify)	ral from Stata of cer	PLACE AND DATE OF metary, crematory or of KWOOD Cen	her place)	DATE 200. LOCATION — C	
21. SIGNATURE OF FUNERAL SERVICE LICE Apple	NSEE .			Road Baltimore	
23. PART I. Enter the diseases, or co ahock, or heart failure. Li IMMEDIATE CAUSE (Final disease or condition resulting in death)	lat only one cause on eac		ntar the mode of dying, au		
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A CO	in Pr	eumonia		
CAUSE (Disease or Injury that initiated events resulting in death) LAST	DUE TO (OR AS A C	CONSEQUENCE OF):	Mal-		
PART II. Other eignificant conditions	contributing to death but	t not resulting in th	a undarlying cause given	1 Part I. 24a. WAS AN AUTOPSY PERFORMED?	24b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL	HOSPITAL:	O	26. PLACE OF DEATH (Check only one)	
	1 Propetlant 2 - ER/Outpet	26b. TIME OF	Nursing Home 5 Residence 28c. INJURY AT WORK?	a 8 Other (Specify) 28d. DESCRIBE HOW INJURY OCC	CURED
1 Yes 2 NO 27. MANNEB OF DEATH 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	INJURY	M 1 TYES 2 NO		
1 TYES 2 NO 27. MANNER OF DEATH		- At home, farm, stree	1 120 2 10	281. LOCATION (Street and Number City or Town, State)	or Rural Route Number,

DHMH-18 Rev 1/89



2

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

30. NAME AND ADDRESS OF PERSON WHO COMPLE FOR S. L. C. A. C. C. K.

31. DATE FILED (Month, Day, Year)

JUL 0 9 1991

K 3502 W.

32. REGISTRAN'S SIGNATURE

Juna Davidson-Randelle

1. DECEDENT'S NAME (First, Middle, Last) WARREN NELSO	N	CERTIFIC	AIL OI I	ZEATTI	REG. NO. 2. OATE OF DEATH MONTH DAY 0.7 0.4	YEAR Q 1	3. TIME OF OEATH	
4. SOCIAL SECURITY NUMBER		100		IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 12-23-20	8. BIR	THPLACE (State or Foreign intry) CAROLINA	
9e. FACILITY NAME (If not institution, give street 1003 BONAPARTE		91	BALTI		EATH	9c. COUNTY OF		
RESIDENCE OF DECEDENT 10a. STATE MARYLAND BALT	IMORE		TOWN OR LOCATION				10d, INSIDE CITY LIMITS? YXYES 2 \(\square\) NO	
1307 W. MULE	BERRY STR	EET	101.	21223			S.A.	
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER I FORCES? 1 YES IF YES, GIVE WAR OR D	2 NO	If yes, spec	NDENT OF HISPAI Ify Cuban, Mexico NO Specif	NIC ORIGIN? (Specify Yea en, Puerto Ricen, etc.) ly:	84	ACE — American Indian, ack, White, etc. secily: BLACK	
15. OECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 6 th 18a. OECEDENT' (Give kind of life. Do NOT LABOR				of working		BALTO. CITY P		
17. FATHER'S NAME (First, Middle, Last) 18. M				TORA	NAME (First, Middle, Maiden Surname)			
19e. INFORMANT'S NAME (Type/Print) MARY B. KELL 29e. METHOD OF DISPOSITION 1 A) Burlel 2 Cremation 3 Remov			BONAPAR	TE AVE	Acute Number, City or Town BALTIM		D. 21218	
21. SIGNATURE OF FUNERAL SERVICE LICE 23. PART I. Enter the diseases, or conshock, pr heert failure, Li	mplications that cause	d the deeth, Do not	WM.C.	MARCH	н Б.Н. 11		NORTH AVE.	
IMMEDIATE CAUSE (Final	C	ech lina.	t antar the mod	e of dying, suc	ch aa cardiac or reapir	atory arreat,		
	DUE TO JOR AS	A CONSEQUENCE OF:	mon ma of mefa	any high	Arres	atory arrest,	Interval Between	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	DUE TO (OR AS	A CONSEQUENCE OF:	mon na or mefa	hig	Arres	AUTOPSY MED?	Approximeta Interval Between Onset and Dasti According to the According to	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS	A CONSEQUENCE OF:	the underlying	ceuse given in	Performance of the control of the co	AUTOPSY MED?	Interval Between Onset and Death 6 XCON 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?	
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other aignificent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO FOR AS	A CONSEQUENCE OF:	the undariying 26. PLJ OTHER: Nursing Home OF 28c. INJURY	Ceuse given in	Arres	AUTOPSY MED? NO	Interval Between Onset and Dasti	

BALTIMORE, MARYLAND 21203-31

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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25-100	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or

	REGISTRAR		CERTIFIC	CATE OF	DEATH	REG. N	IO.		
i i	1. DECEDENT'S NAME (First, Middle, Last)	MICHAEL	WILLIAM (.L	2. DATE OF DEATH DAY YEAR JULY 7, 1991 1612				
1	4. SOCIAL SECURITY NUMBER 074-16-7959	5. SEX 6. AG		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year, DEC . 5,		a. BIRTI- Countr N F	IPLACE (State or Foreign W YORK
5	9a. FACILITY NAME (If not institution, give st HOWARD COUNTY GEN			9b. CITY, TOWN OR LOCATION OF DEATH COLUMBIA HOWARD					
	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY	,	I toe CITY	TOWN OR LOCAT	ION				10d. INSIDE CITY
	MARYLAND HOW			COLUMBIA 1 YES 2					
	100. STREET AND NUMBER 7384 KINDLER ROAD			101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? U.S.A.					
	11. MARITAL STATUS 1 Never Married 2 X Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 TYPE IF YES, GIVE WAR OF	S 2 NO						
3	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed	16a. DECEDENT'S U	SUAL OCCUPATIO	ON et al warking	16b, KIND OF	BUSINESS/IND	USTRY	
	Elementary/Secondary (0-12)	College (1-4 or 5+)	ENGINE	rk done during mo retired.) CR	at or working	GENER.	AL ELEC	CTRI	C
5	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Mail			
	MICHAEL JAMES O'D	ONNELL			GERT	RUDE	SMITH	ł	
	19a. INFORMANT'S NAME (Type/Print)			ADDRESS (Street a	nd Number or Rural I	Route Number, City or	Town, State, Zip	Code)	
-	CLARA O'DONNELL	(WIFE	(i) 7384 k	CINDLER	ROAD, COL	UMBIA, M	ARYLAN	D 2	1046
	20a, METHOD OF DISPOSITION 1\(\hat{\text{NSurial}}\) 2 \(\hat{\text{Cremation}}\) 3 \(\hat{\text{Removal from State}}\) 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or other place) 4 \(\hat{\text{Donation}}\) 5 \(\hat{\text{Other}}\) (Specify) \(\hat{\text{SUNGS MILLS}}\)								
	21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			M. & RU		WITZK	E FU	NERAL HOMES
	L. Cla., W.	the of							MD. 21045
	23. PART i. Enter the disease, or shock, or heart fellure. IMMEDIATE CAUSE (Finel			ot enter tha mo	de of dying, suc	has cardiec or re	spiratory srr	est,	Approximate interval Between Onset and Death
	disesse or condition reaulting in death)	DUE TO (OR A	S A CONSEQUENCE OF	an	Hum	2			MIN
	Sequentially ilst conditions, if any, leading to immediate	b. Attu	S A CONSEQUENCE OF	ic he	set cl	sclan			41-8
5	ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c. DUE TO (OR A	Peneral S A CONSEQUENCE OF		turo	Schau	ses		
	resulting in death) LAST	d							
	PART ii. Other significant condition	s contributing to dast	h but not resulting Ir	the underlyin	g ceuse given in		AN AUTOPSY	241	. WERE AUTOPSY FINDINGS
							FORMED?		AVAILABLE PRIOR TO COMPLETION DF CAUSE DF DEATH?
						_			1 YES 2 110
	25. WAS CASE REFERRED TO MEDICAL			26. PI	ACE OF OEATH (Ch	eck only one)			
SICIOIS. III	EXAMINER?	HOSPITAL: 1 Inputlant 2 ER/0		OTHER: 4 - Nursing Hon	e 5 Residence	6 Other (Specify)			
	27. MANNER OF DEATH	28a. DATE OF INJUI (Month, Day, Yes	RY 28b, TIME	OF 28c. IN.		28d. DESCRIBE HO	W INJURY OC	CURED	
	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE OF INJ building, atc. (URY — At home, farm, st Specify)			281. LOCATION (Str City or Town, S		or Rural	Route Number,
	AND CERTIFIED								
	(Check only	ICIAN: To the best of my kines. On the best of examin							(a) and manner as stated.
3	29Ь. SIGNATURE AND TITLE OF CERTIFIE	B ()	1, ,		29c. LICENSE NUI	MBER	29d. DAT	E SIGNE	(Month, Day, Year)
	IVELLY X	Word	(M)		206	188	•	7/	8-19
	30. NAME AND AGORESS OF PERSON WH MELVIN J. KORDON	M.D. 200	O CENTURY		SUITE 25	4 COLUM	BIA, M	D.	21044
	31. DATE FILED (Month, Day, Year)		GONATURA MODERN				-		

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FOR STATE REGISTRAR

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	Soch	First, Middle, Last)	Sophia L	prothy	Prostre	dny			TE OF DEATH	91	EAR 3. TH	33 A
	4. SOCIAL SECURITY NU. 212-09-701 98. FACILITY NAME (# no.	ot institution, give		8. AGE in yrs. In 72	YRS. MONTH	ITY, TOWN	HOURS OR LOCATION	MIN.	TE OF BIRTH onth, Day, Year)	18	Country)	E (State or Foreign
RECTOR	Francis Son	Center	r Baltimore									
DIRE	10a. STATE Mol.	10b. COUNT	TY		10c. CITY, TOW	n or Loc					- 33	INSIDE CITY LIMITS? YES 2 NO
RAL	100. STREET AND NUMB	eroft S.	+===+			1	101. ZIP CODE	224			S.A.	COUNTRY?
BY FUNER.	11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 0	T EVER IN U.S. AI	ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No.— 14.									
PLETED	15, 0 (Specify Elementary/Secondar	DECEDENT'S ED only highest great y (0-12)	UCATION le completed) College (1-4 or 5 +	C	ECEDENT'S USUAL Give kind of work do b. Do NOT use retire Housew	ne during i			166. KIND OF BU			
E COMPL	17. FATHER'S NAME (First							ER'S NAME (FI	st, Middle, Maide	n Surname)		
TO B	19a. INFORMANT'S NAM		0	11	1948 St				lumber, City or To			
	20e. METHOD OF DISPO 1 Burlel 2 Crem 4 Donation 5 0 21, SIGNATURE OF FUNE	etion 3 🗆 Rec ther (Specify)		of cemetar		2113 (22. NAME	emeter	s of Facility	9-91 Ba	6	e. Md.	•
NOIL	disease or condition resulting in death) Sequentially list condition if any, leading to immecause. Enter UNDERLYI CAUSE (Disease or inju	mediete	c	(OR AS A CONSE	EQUENCE OF):	-41	iurc					
LIFICAL	cause. Enter UNDER CAUSE (Disease or i that initiated events	injury	DUE TO									
MEDICAL CERTIFI	cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signif	ficent conditions (ceph of	d	5+	_	oxic			PERFO	N AUTOPSY ORMED? 2 NO	COM OF D	LABLE PRIOR TO
SICIAN: MEDICAL CERTIFI	cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signif	ficent condition	ons contributing to	hy	T an	26.		ATH (Check on	PERFC 1 YES	ORMED?	COM OF D	PLETION DF CAUS DEATH?
PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signification of the cause of the caus	ficent condition of the	MOSPITAL: 1 Inputient 2 288. DATE OF	hy ====================================	T an	26. HER: Nursing H	PLACE OF DE	ATH (Check on 28d.	PERFC 1 YES	PRMED?	AMAR COM OF D	LABLE PRIOR TO IPLETION DF CAUS DEATH?
TED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signif 5/p CU 25. WAS CASE REFERRE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 2 Accident	ficent condition	HOSPITAL: 1 Inpatient 2 28e. PLACE C	ER/Outpatient	T Q O	26. TER: Nursing H	PLACE OF DE ome 5 GRee INJURY AT WORK? YES 2 G	EATH (Check on 28d. NO 28t.	PERFC 1 YES Ny one) Other (Specify)	PRMED? 2 IS NO 7 INJURY OCCU	AMAII COM OF D 1	LABLE PRIOR TO PLETION OF CAU-
ETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signification of the control of the cause of the ca	ficent condition ficent condi	HOSPITAL: 1 Inpatient 2 28e. PLACE C	ER/Outpatient INJURY SF INJURY — At hetc. (Specify) my knowledge, c	3 DOA 4 DOM 4 DOM A DOM A STREET, STRE	26. HER: Nursing H 28c. H 1 [factory, of	PLACE OF DE Ome 5 Res INJURY AT WORK? YES 2 His	EATH (Check on 28d. NO 281. and due to the	PERFO 1 YES Ther (Specify) DESCRIBE HOW LOCATION (Street City or Town, State cause(a) and m	TINJURY OCCU	ANALE COME OF D	LABLE PRIOR TO PLETION OF CAUSE ATH? YES 2 NO
BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDER CAUSE (Disease or that initiated events resulting in death) L PART II. Other signification of the control of the cause of the ca	ficent condition ficent condi	HOSPITAL: 1 Inpatient 2 28e. PLACE C building. SICIAN: To the best of a	ER/Outpatient INJURY SF INJURY — At hetc. (Specify) my knowledge, c	3 DOA 4 DOM 4 DOM A DOM A STREET, STRE	26. HER: Nursing H 28c. H 1 [factory, of	PLACE OF DE ome 5 Res INJURY AT WORK? YES 2 Hitce ste and place, n, death occure	EATH (Check on 28d. NO 281. and due to the	PERFO 1 YES Ther (Specify) DESCRIBE HOW LOCATION (Street City or Town, State cause(a) and m	PRMED? 2 SINO 7 INJURY OCCU R and Number of	ANALE COME OF D	LABLE PRIOR TO PLETION OF CAUMATHY YES 2 NO
E COMPLETED BY PHYSICIAN: MEDICAL CERTIFI	Cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L PART II. Other signification of the control of the contr	Fending Investigation Could not be datermined CERTIFYING PHYMEOICAL EXAMI	HOSPITAL: 1 Impatient 2 28s. DATE OF (Month, D) 28e. PLACE C building. SICIAN: To the best of a	ER/Outpatient INJURY BY INJURY — At the etc. (Specify) my knowledge, of examination and/outpatient At The examination and/outpatient Market Specify Spec	3 DOA 4 DOA 4 DOA A DOA	26. HER: Nursing H 28c. H 1 [factory, of	PLACE OF DE ome 5 Res INJURY AT WORK? YES 2 Hitce ste and place, n, death occure	NO 281. and due to the det time,	PERFO 1 YES Ther (Specify) DESCRIBE HOW LOCATION (Street City or Town, State cause(a) and m	PRMED? 2 SINO 7 INJURY OCCU R and Number of	RED RED Results (a) and	LABLE PRIOR TO PLETION OF CAUMATHY YES 2 NO

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO.

REGISTRAR		CERTIF	ICATE O	F DEATH	RE	G. NO.		
1. DECEDENT'S NAME (First, Middle, Lest)	1777				2. DATE OF DE	EATH	3. TIM	E OF DEATH
EILLEN	ਸ		POOT	F	07 MONTH	06 DAY 199	9 I 12	:30 P M
4. SOCIAL SECURITY NUMBER	6. SEX 6. AG	E (In yrs. last birthday)	IF UNDER 1 YEAR		7. DATE OF BI	RTH	8. BIRTHPLACE	(State or Foreign
212-42-2622		7 YRS.	MONTHS DAYS		12/26		MD Country)	
9a. FACILITY NAME (If not institution, give a 201 WARREN AVE			BALTIM	ORE	DEATH		230	
RESIDENCE OF DECEDENT								
MD 10e. STATE 10b. COUNT			LTIMOR				10d. [[NSIDE CITY IMITS? YES 2 NO
201 WARREN AVE RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT MD 10a. STREET AND NUMBER 201 Warren A 11. MARITAL STATUS	ve.	0		21230		10g. CITI US	ZEN OF WHAT C	OUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S ZY NO	If yes,	ECENDENT OF HISPA specify Cuben, Maxic ES 2 NO Speci	an, Puerto Rican,		14. RACE — Am Black, White Specify: [V	, etc.
1s, DECEDENT'S EDU (Specify only highest grade		16a. DECEDENT'S	B USUAL OCCUP/ work done during use retired.)	TION most of working	16b. KIND	OF BUSINESS/IND	USTRY	
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12) 10 th grade 17. FATHER'S NAME (First, Middle, Last)	College (1-4 or 5+)		maker					
17. FATHER'S NAME (First, Middle, Lest) Alfred Poale				The second secon	ame (First, Middle,			
10. INFORMANT'S NAME (Topological)		105 MARINA	ADDRESS (Sw	et and Number or Rural			Code	
William Daywal	t			erly Dr				
20a. METHOD OF DISPOSITION 1	novel from State	206. PLACE AND DAT of cemelary, cremator Greenmo	re of dispositi y or other place) unt Ce			BALTIMOR		nte
21. SIGNATURE OF FUNERAL SERVICE U	CENTRE 1	1	22. NAME CHY	AND ADDRESS OF F	SEVEN:	S FUNER	al Hom	E FIX
23. PART I. Enter the diseases, or	1/0	self	150	L. 101.	T ME,	Da 100	MP,	Approximate
shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	BUE TO (OR A		OF):					Interval Between Onset and Death
Sequentially list conditions, if any, leading to immediate	b	S A CONSEQUENCE (OF):					
ceuse. Enter UNDERLYING CAUSE (Disease or injury	c. DUE TO (OR A	S A CONSEQUENCE (OFI:					
that initiated events resulting in death) LAST	d							
	na contributing to deati	but not requiting	in the underly	ring cause given i	n Part i 24a	WAS AN AUTOPSY	24h WESE	AUTOPSY FINDINGS
PART II. Other algnificent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 X YES 2 NO 27. MANNER OF DEATH			, and disconn	, mg oddae gron n		PERFORMED?	COMP	ABLE PRIOR TO LETION OF CAUSE EATH?
			-		- '		1,00	YES 2 NO
25. WAS CASE REFERRED TO MEDICAL			26	PLACE OF DEATH (C	Check only one)			
EXAMINER?	HOSPITAL:	Outpatient 3 DOA	OTHER:	fome SX Residence	6 Other (So	nc/hv)		
27. MANNER OF DEATH 1 Netural 5 Pending	26a. DATE OF INJUR (Month, Day, Yea	RY 26b. TI	ME OF 28c.	INJURY AT WORK?	-	E HOW INJURY OC	CURED	
2 Accident Investigation		6/91 UNK ORY — At home, farm,	TIONTI	YES 2 NO		N (Street and Numbe	e or Rural Dougla A	humbar
3 Suicide 6 Could not be 4 Homicide determined	building, etc. (S UNKNOWN	Specify)	, street, factory, c	mes	City or To	vn, State)	OF NORW HOUSE N	umber,
(Oriota Oriny	SICIAN: To the best of my kr							menner as stated.
29b. SIONATURE AND TITLE OF CONTROL	m.			29c. LICENSE N	UMBER		TE SIGNED (Monti	
1111	NO COMPLETED CAUSE OF	DEATH (ITEM 27) (Typ	oe, Print)	OCME		707-	-07-199	1
AMD	NOXI		. PENN	STREET BA	ALTIMORE	,MARYLA	ND 2120	1
31. DATE FILED (Mönth, Day, Year)	Julia Davidson	andell-						

TO THE HOSPITAL OR ATT COME HANGLAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR THE TOWN CONTROL OF THE STATE DEATH OF THE ACTION OF THE STATE DEATH AN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21203-3146	TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, nours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been shared by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IPORTANT. If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
S, P.O. BOX 13146,	e death certificate be executed within	TO THE FUNERAL DIRECTOR: After this certificate has been styred by the attending physician and completely filled in by the filled within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	jury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	3 PHYSICIAN: The law requires that The	or this certificate has been signed by the with the State Dept. of Health and	arked, or item 23 shows any in
DIVISION	TO THE HOSPITAL OR ATTENDING	TO THE FUNERAL DIRECTOR: After this cobe filed within 72 hours after death with	IMPORTANT: If Item 28 is m

FOR 1 - STATE REGISTRAR	STATE OF MARY	CERTIF	RTMENT OF H	EALTH AND N	MENTAL HYGIEI REG. NO				
1. DECEDENT'S NAME (First, Middle, t Elizab			PINNO	ock	2. DATE OF DEATH	MY 3 9	3. TIME OF DEATH		
4. SOCIAL SECURITY NUMBER 165 30 8762	0	(In yrs. last birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) July 15,	1907	BIRTHPLACE (State or Foreign Country) Penna.		
90. FACILITY NAME (If not institution, and the second property)			96. CITY, TOWN C	R LOCATION OF DE	ATH	9c. COUNTY Monts	of DEATH SOMERY		
642 Blossom Dr RESIDENCE OF DECEDEN 100. STATE 100. CC Maryland R	DUNTY	10c. C/1	TY, TOWN OR LOCAT	10d. INSIDE CITY LIMITS? 1 \$\frac{1}{2}\$ YES 2 \[\] NO					
	Do. STREET AND NUMBER				Rockvil				
11. MARITAL STATUS	Never Merried 2 Merried FORCES? 1 YES 2 IF YES, GIVE WAR OR DATES 15. DECEDENT'S EDUCATION 16s. D			20850 ENDENT OF HISPAN scity Cuben, Mexicas 2 X NO Specify	Black, White, etc.				
3 Widowed 4 Divorced 15. DECEDENT'S (Specify only highest				DN .		Society White Bb. KIND OF BUSINESS/INDUSTRY			
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Les	College (1-4 or 5+)		work done during mo use retired.) cered Nur		Health	Care			
17. FATHER'S NAME (First, Middle, Las Antol Glinis	17. FATHER'S NAME (First, Middle, Last) Antol Glinisky ANTOL GLINSKY				ME (First, Middle, Meidle ine Kolpi				
Betty Anne Mar		111000000000000000000000000000000000000	G ADDRESS (Street of Same as 1		Route Number, City or R	own, State, Zip Co	ode)		
20e. METHDD OF DISPOSITION 15. Burial 2 Cremation 3 C 4 Donation 5 Other (Specify)	Removal from State	other place) Overfi	eld Ceme			ocation – cit shopper			
21. SIGNATURE OF FUNERAL SERVICE	CE LICENSEE	7	Cap	itol Fun 1s Churc	eral Serv	ice			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	b. DUE TO (OR AS	A CONSEQUENCE O	LOUS				Interval Batwee Onset and Deat		
PART II. Other significant cond			In the underlying	g cause given in	Part I. 24e, WAS- PERF 1 YES	AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINDINGS MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDIC EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (Ch					
1 VES 2 0 27. MANNER OF OEATH 1 Netural 5 Pending 2 Accident Investige		Y 28b. Ti	ME OF 28c. IN	IURY AT DRK? YES 2 NO	8 Other (Specify) 28d. OESCRIBE HO	V INJURY OCCU	REO		
		RY — At home, farm. pecify)	, street, factory, offic	:0	28f. LOCATION (Stre City or Town, Sta		Rural Route Number,		
CONSCR ONLY	PHYSICIAN: To the best of my known AMINER: On the basic of examinar								
296. SIGNATURE AND TITLE OF SET	X Bucy	MA AM		29c. LICENSE NU	57	17	SIGNED (Month, Day, Year)		
30. NAME AND ADDRESS OF PERSON	ON WHO COMPLETED CAUSE OF	OEATH OTEM 27 (TY)	Patini Roc	RuillE,	Md 208	51			
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SH	GNATURE							

OHMH-16 Rev 1/89

FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

1. OECEDENT'S NAME (First, I	Middle, Last)									OF DEATH			3. TIME OF DEATH	
JONATHAN		DAV	ID		POPA				0.7	01	199	YEAR	02:30 A	
4. SOCIAL SECURITY NUMBE		5. SEX	6. AGE (In yrs. les		IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS.	7. DATE (Month	OF BIRTH		a. BIRTH Countr	IPLACE (State or Foreign	
216-17-725		1 M 2 F	18	YRS.					9/2	20/19		T-100	ryland	
9s. FACILITY NAME (If not inst	titution, give at	reet and number)			96. CITY, TOWN OR LOCATION OF DEA				ATH 9c. COUNTY			NTY OF O	OF OEATH	
HARFORD RESIDENCE OF DECE	MEMOR	IAO HOSP	ITAL						GRACE	GRACE H			ARFORD	
	10b. COUNTY		10c. CITY, TOWN OR LOCATION						-		10d. INSIDE CITY			
Maryland		Harfor	cd			Fa	llst	on					LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER						-	1. ZIP COD				10g. CIT	ZEN OF	WHAT COUNTRY?	
2127	Oakl	yn Driv	re				2	2104	-7			U.	S.A.	
11. MARITAL STATUS 1 Never Merried 2 No	T EVER IN U.S. AF	MED NO	13. WAS DECENDENT OF HISPAI If yes, specify Cuban, Maxico 1 YES 2 NO Specifi			ANIC ORIGIN? (Specify Yea or No—			14. RACE — American Indian Black, White, atc. Specify:					
	DENT'S EDUC		16a. DE	CEDENT'S	USUAL OC	CUPATI	ON		16b.	KIND OF BU	SINESS/INC	OUSTRY	White	
(Specify only : Elementary/Secondary (0-1	highest grade	completed) College (1-4 or 8	(G	live kind of w Do NOT us	vork done di			ng						
12			_	Stu	uden	t				Н	igh	Sch	1001	
17. FATHER'S NAME (First, Mid	idle, Last)						16. MOT	HER'S NA	ME (First, I	Middle, Maiden	Sumame)			
John	P	opa						Tom	mie	Su	е	Sto	kes	
19a. INFORMANT'S NAME (Ty)	pe/Print)		19	b. MAILING	ADDRESS	(Street	and Numbe	r or Rural	Route Numi	ber, City or Tow	n, State, Zip	Code)		
John Po	pa				same	a	s #1	.0						
20a METHOD OF DISPOSITIO	ON			AND DATE			N (Name		DAT	E 20c, LO	CATION -	City or To	own, State	
1 <u>WL</u> Burial 2 □ Cremation 4 □ Donation 6 □ Other (oval from State	of cemetary	crematory	or other pla	ace)	ds.	Cem	7/	3 Upp	on C	moe	s Rds. M	
23. PART I. Enter the die ahock, or he IMMEDIATE CAUSE (Find disease or condition resulting in death)	ert fellure.	complications the			not antar	the m	ode of dy	ring, aud	ch as cere	dac or resp	Iratory sr	reat,	Approximate interval Betwee Onset and Des	
		"DUE TO	ION AS A CONSE	QUENCE OF	F):)							17.6	
Sequentielly list condition		b	(OR AS A CONSE	OUENCE OF	n:		_							
If any, leeding to immed cause. Enter UNDERLYIN					,									
CAUSE (Disease or Injur	y	DUE TO	(OR AS A CONSE	OUENCE OF	F):									
resulting in deeth) LAST		d.												
DAST II Other elevition	-A condition		death but and		4				5.41					
PART II. Other significer	condition	e contributing to	daath but not	reaulting	in the un	derlylr	ng cause	given in	Part I.	24a. WAS AN PERFO		241	AWAILABLE PRIOR TO	
									- 1	1X) YES	NO NO	-	COMPLETION OF CAUSE OF DEATH?	
									_	(1 YES 2 NO	
25. WAS CASE REFERRED TO EXAMINER?	MEDICAL	HOSPITAL:			OTHER		PLACE OF	DEATH (C	heck only or	10)				
YES 2 NO			ER/Outpatient	7	4 🗆 Nurs	ling Ho		lealdence	6 🗆 Othe					
27. MANNER OF DEATH		28s. DATE Of (Month, i	Dav. Year)		JURY	28c. IN	JURY AT			SCRIBE HOW				
	Pending nvestigation		1991	11:5			YES X	NO X	DRIV	ER IN	AUT)/AU	TO IMPACT	
	Could not be letermined	ROUTE	of INJURY — At h , atc. (Specify) 1 PUB	LIC H			ice		281. LOC City	or Town, State	IL C		Route Number,	
Control City		CIAN: To the best of											(a) and manner as stated	
29b. SIGNATURE AND TITLE	OF ERTIFIE						29c. LIC	ENSE NU	MBER			E SIGNE	D (Month, Day, Year)	
M	707	1 DO						OCM	E		107		01 1991	
30. NAME AND ADDRESS OF	PERSON WH	O COMPLETED CAL	JSE OF DEATH (IT	EM 27) (Type	, Print)									
AM	SM	KON			1	11	PENN	STR	EET	BALTI	MORE	MA	RYLAND 2120	
31. OATE FILES (Month, Day,	Year)	32. PEGISTR	AR'S SIGNATURE Davidson-V		0.0									
OOL U	9 1991	ficha	Davidson-7	andell	2									

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DALLINOR, MANIENT SISTEMAN	IG PHYSICIAN: The law requires that the death certificate be executed within 24 frours after death. Page 6 may be retained by the hospital or attending physician.	s certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should this State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	atic event, the medical examiner must be notified at once.
STATE ALCOHOS, T.C. BOX 00100,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate b	TO THE FONERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fi be flied within 72-frous after cleath with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

31. DATE FILEO (Month, Day, Year)

1991

	FOR STATE OF MARYLAND / DEF			NTAL HYGIENE	1 18398
	REGISTRAR CERT	IFICATE OF	DEATH	REG. NO.	
	1. DECEDENT'S NAME (First, Middle, Last)		2.	DATE OF OEATH MONTH DAY	3. TIME OF GEATH
	ALFRED S. QUARI	ANTO .	SR.	7 7	91 17.24 M
	4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthe	"		OATE OF BIRTH (Month, Day, Year)	8. BIRTHPLACE (State or Foreign Country)
	01+6-01-9579 1 2M 2 DF 71 YR	IS. MONTHS DAYS	HOURS MIN.	27.19	CONNECTICUT
	9a. FACILITY NAME (If not institution, give street and number)	9b. CITY, TOWN C	R LOCATION OF DEATI		INTY OF DEATH
œ	HARBOR HOSPITAL	BALT	0.7.1		
6	RESIDENCE OF DECEDENT	BALT	CITY		
일	10a. STATE 10b. COUNTY 10c.	CITY, TOWN OR LOCAT	ION		10d. INSIDE CITY
DIRECTOR	MD BALTIMORE				1 TYES 2 NO
	10e, STREET AND NUMBER	101	. ZIP CODE	10g, CI	TIZEN OF WHAT COUNTRY?
R	2903 CEDARCREST AVE	1100	21219		USA
FUNERAL	11. MARITAL STATUS 12. WAS DECEDENT EYER IN U.S. ARMED				
5	1 Never Married 2 Married FORCES? 1 YES 2 NO	If yes, sp	ecify Cuban, Mexican, F	ORIGIN? (Specify Yea or No Puerto Rican, etc.)	14. RACE - American Indian, Black, White, etc.
ΒY	2 Wideward 4 Dhomand	1 🗆 YES	2 NO Specify:		Specify:
ED E	16. DECEDENT'S EDUCATION 16a. DECEDEN			165. KIND OF BUSINESS/IN	WHITE
2	(Specify only highest grade completed) (Give kin	NT'S USUAL OCCUPATION of work done during mo OT use retired.)	at of working	166. KIND OF BUSINESS/IN	DUSTRY
ا ۳	Elementary/Secondary (0-12) College (1-4 or 5+)			RAILRO	17
M		KEMAN			HU
COMPLET	17. FATHER'S NAME (First, Middle, Lest)			(First, Middle, Maiden Surname)	
B	MICHELE QUARANTO		ADELA	DE PUS	20
2		And the second second	nd Number or Rural Rou	te Number, City or Town, State, Z	ip Code)
F	MATILDA QUARANTO 29	03 CEDA	RCREST	AVE BALT	MD 21219
	20a. METHOD OF DISPOSITION 20b. PLACE AND	DATE OF DISPOSITION	(Name	DATE 20c. LOCATION -	- City or Town, State
	1 Burial 2 Cremation 3 Removal from State of cemetary, crem	atory or other place)	METERN	7/11/91 BALT	MN
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	22 NAME AL	ID ADDRESS OF FACIL	ITY .	FDUNDALK
	ACO+ C	CONNE	LLY FUNE	RAL HEME	אבאשאטע א
	Lott Connelly	7110	SOLLERS	PT. RD.	BALT, MD 2 1222
	23. PART I. Enter the diseases, or complications the caused the death. ahock, or heart failure. List only one cause on sech line.	Do not enter the mo	de of dying, such a	a cerdiac or respiratory a	rreat, Approximate interval Between
	IMMEDIATE CAUSE (Final				Onset and Death
	disease or condition a. RUPTURED V	ECCEL	FROM	LUNG	30 HTS
	resulting in death) a. OF ORED V OUE TO (OR AS A CONSEQUENCE)		r ROIT	0190	JU AIS
-	METASTATIC	LUNI	& CARO	AMONIS	3 YRS
0	Sequentially list conditions,		51		
AT	if any, leading to immediate cause. Enter UNDERLYING	2 to 7	A CAF	STOSIS	> TVOC
음	CAUSE (Disease or injury thet initiated events DUE TO (OR AS A CONSEQUENCE)	- 10	FISDE	2 102(2	17-3/1/3
E	resulting in death) LAST				
CERTIFICATION	d				
	PART II. Other algnificent conditions contributing to death but not result	ting in the underlyin	g cause given in Pa	rt i. 24a. WAS AN AUTOPS	
2	CHOLECUSTECTORY FOR REHOW	IAL OF GANG	RENOUS GA	PERFORMEO?	AVAILABLE PRIOR TO COMPLETION OF CAUSE
G	NIDDM		BL	FORER	OF DEATH? 1 ☐ YES 2 NO
Σ	NIDDE			-	TO TES 2 MAIN
AN	25. WAS CASE REFERRED TO MEDICAL	26 0	LACE OF DEATH (Check	1	
<u></u>	EXAMINER? HOSPITAL:	OTHER:			
YS	1 YES 2 NO 1 Nonpatient 2 ER/Outpatient 3 D		ne 5 🗆 Residence 6		
PHYSICIAN: MEDICAL	(Month, Day, Year)	INJURY WO	DRK?	8d. OESCRIBE HOW INJURY O	CCURED
ВУ	1 Neturel 5 Pending 2 Accident Investigation	M 1 🗆	YES 2 NO	STOR	W.
	3 Suicide 6 Could not be 28e. PLACE OF INJURY — At home, fi	arm, street, factory, offic	20 2	81. LOCATION (Street and Numb City or Town, State)	
COMPLETED	4 Homleide determined	- ICU A	M 3	ect S. FIANOU	ERST, BALTIMORE,
Z.	29a, CERTIFIER (Check pair (C	coursed at the time, date	and place, and due to	the cause(s) and mariner as at	lated.
ME	(Check only one) 2 MEDICAL EXAMINER: On the basis of axamination and/or invest				
BE	206. SIGNATURE AND TITLE OF CERTIFIER DEYANTH Harilanon, M.	7	29c. LICENSE NUMB		T. 7.91
2					1. 1. 1
-	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27)	(Type, Print)	DO 0-	0	NV 0.030
	HARBOR HOSPITAL CENTER, 3001 S	· HHNOV	EK 31.,1	BALLINORE,	MD 51520

32. REGISTRAN'S SIGNATURE
Julia Davidson-Randall.

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DIVISION OF VITAL RECORDS, P.O. BOX 68760,	-
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	1 - STATE REGISTRAR	STATE OF M	IARYLAND / E		IENT OF H ATE OF			MENTAL HYG		1 17	3399	
	1. DECEDENT'S NAME (First, Middle, Last)	J.	Roy	570	50			2. DATE OF DEAT MONTH June 2	DAY	YEAR	. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 214-40-7594 90. FACILITY NAME (If not institution, give st.	5. SEX 1 M 2 F reet and number)	6. AGE (In yrs. Test I	YRS. MO	UNDER 1 YEAR NTHS DAYS	HOURS	MIN.	7. DATE OF BIRTY (Month, Day, Ve Aug 11	1904	Country)		
TOR	317 Elizabeth	Avenue			Pump	hre	7		Anı	ne Ar	undel	
FUNERAL DIRECTOR		ne Arun	del		phrey					1	Od. INSIDE CITY LIMITS? N YES 2 NO	
NERAL	317 Elizabeth			1000		212	225			U. S		
BY FU	11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	12. WAS DECEOENT FORCES? 1 IF YES, GIVE W	TEVER IN U.B. ARM TYPES 2 TO NO. THE TENT OF THE TENT	ED)	If yes, sp	ecity Cub		NIC ORIGIN? (Speci in, Puerto Rican, etc.) y:		14. RACE - Black, 1 Specify:	- American Indian, White, etc. Black	
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondery (0-12)	CATION completed) College (1-4 or 5+	(Give	e kind of work Do NOT use re	UAL OCCUPATION done during monthered.)	ON ost of work	ing		Educa		/Baltimor	
BE COM	17. FATHER'S NAME (First, Middle, Lest) Garfield L. J							ME (First, Middle, M	alden Surname)			
TO B	190. INFORMANT'S NAME (Type/Print) William G. Rou	th			DRESS (Street of			Route Number, City of Pum	or Town, State, 2 phrey		21225	
	20e. METHOD OF DISPOSITION 1 \(\infty \) Buriel 2 \(\infty \) Cremetion 3 \(\infty \) Remote A \(\infty \) Donation 5 \(\infty \) Other (Specify)		of cemetery of	rematory or	emori	a1 1	Park	7/6	Balti	more	Co. , MD	
	21. SIGNATURE OF FUNERAL BERVICE LIC	nutter						Falls Maryla			1 Homes	
	23. PART I. Enter the diseases, or cahock, pr heert fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cau Pancy		<u>a</u>							Approximate Interval Between Onset and Death	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	2.	(OR AS A CONSEOL									
MEDICAL	PART II. Other algorificent conditions contributing to death but not resulting in the underlying cause given in Part I. Bowel Obstruction Tecendary to 1 yes 2 tho									6	VERE AUTOPSY FINDINGS INALLABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? YES 2 NO	
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	ER/Outpatient 3d		THER:	_		s Other (Specific	w)			
ВУ РНУ	27. MANNER OF DEATH Netural 5 Pending Accident Investigation	26e, DATE OF (Month, D	26b. TIME C	0F 28c. IN.	JURY AT ORK? YES 2		28d. DESCRIBE		CCUREO			
6	3 Suicide 6 Could not be 4 Homicide determined	26e. PLACE O building,	F INJURY — At hometc. (Specify)	ne, farm, stre	street, factory, office 28f. LOC				LOCATION (Street end Number or Rural Route Number, City or Town, State)			
COMPLET	29e. CERTIFIER CERTIFYING PHYSI (Check only one) 2 MEDICAL EXAMINE	CIAN: To the bast of R: On the basic of e									end menner ea steted.	
TO BE C	200. SIGNATURE AND TITLE OF CERTIFIER	M need	OF OF ATH (ITEM	PV.		29c. LI) LZ	MBER 84-2	29d. Di	7 1	Month, Day, Year)	

3918 Potce

MD

Sug w. Thompson
31. DATE FILED (Month, Day, Year)

JUL 09 1991

MD 398 P 32. REGISTRAR'S SIGNATURE Whia Davidson-Rondoll

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	1 - STATE REGISTRAR	STATE OF MARYLA		ENT OF HEALTI		AL HYGIENE REG. NO.					
	1. OECEOENT'S NAME (First, Middle, Leet)	Robi	nson		2. DAT MON			EAR	OF DEATH		
	4. SOCIAL SECURITY NUMBER 216-24-6596 D 90. FACILITY NAME (It not institution, give str	1 - M 2 - F	83 YRS. MON	UNDER 1 YEAR IF UND ITHS DAYS HOURS CITY, TOWN OR LOCA	MIN. (Moi	e of Birth nth, Day, Year)		BIRTHPLACE (SI Country) India OF OEATN			
TOR	Baltimore Count	y General I	Hospital	Rand	allstow	m	Ва	ltimo	ce		
DIRECTOR	10a. STATE 10b. COUNTY	imore				10d. INSIDE CITY LIMITS? 1 - YES 2 \(\tilde{\tilde					
FUNERAL	100. STREET AND NUMBER 3211 Ripple Ro	ad		101. ZIP CO	DE 21207		1115-111	S. A.			
BY FUN		12. WAS DECEOENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 X NO	13. WAS DECENDENT If yes, specify Cui 1 YES 2 No	ban, Mexican, Puerte		or No 14.	RACE — Ameri Black, White, e Specify:	ican Indien, etc.		
LETED	15. OECEDENT'S EOUC, (Specify only highest grade of Elementary/Secondary (0-12)		life. Do NOT use re	done during most of wor ired.)	King	J.S. GO	vern	ment			
COMPL	17. FATHER'S NAME (First, Middle, Last)	ollege	Cler	k-Scout	THER'S NAME (First	Social		rity A	Admin		
BE C	Carl Sims				Maude B			No.			
TO B	19e. INFORMANT'S NAME (Type/Print)		-	DRESS (Street and Numb							
	Herbert E. Nutt		3211 F	Ripple Ro		1timor			107		
	1 Buriel 2 Cremation 3 Remo	val from State . of c	emetary crematory or r								
	21. SIGNATURE OF FUNERAL SERVICE LICE		t .	22. NAME AND AOD!	GWYNNS	Nutter	Fune	ral Ho	mes I		
CERTIFICATION	23. PART I. Enter the diseases, pr complications that caused the death. Do not enter the mode of dying, such se cerdiec or respiratory arrest, shock, or heart feliure. List only one ceuse on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of): Due to (or as a consequence of):										
AL	PART II. Other algorificent conditions				given in Part I.	PERFORM	AED?	AWAJLABO COMPLE	UTOPSY FINDING LE PRIOR TO TION OF CAUSE		
N: MEDIC	@ Congesti	ve Iteur	+ faily	16		1 TYES 2	_ NO	OF DEAT	7H? S 2 NO		
SICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		THER:	DEATN (Check only						
PHY	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. TIME O		28d. D	PESCRIBE HOW IN	JURY OCCUP	RED			
ETED BY	2 Accident investigation 3 Suicide 8 Could not be datermined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, atre-	et, factory, office		OCATION (Street or ity or Town, State)	nd Number or	Rural Route Num	iber,		
COMPLE	one)	CIAN: To the best of my known							nner as stated.		
BE	296. SUMMATURE AND TITLE OF CENTINES	u Ses	C.D	no 290. L	S388	82	29d. DATE 8	HIGNED (Month)	Day, Ybar)		
5	30. NAME AND ADDRESS OF PERSON WHO	B BUT	ath (ITEM 27) (Typo, Pri	ni) wity Genera	a Hosp	itul,					
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	ATURE .	- J. 90 .							

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prector, page 5 should be detached for use as the bundal-traine permit, rages 1,		
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Detached		once.
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Should		rent. the medical examiner must be notified at once.
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BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-range filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO

1. DECE	DENT'S NAME (First,	Middle, Last)	٧ /	Ru	BIN	9				2. DATE O		v .	YEAR	3. TIME OF DEATH
4. sopia 214-	AL SECURITY NUMBER 03-328	5	5. SEX 1 W M 2 F	6. AGE (In yrs. le:	st birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDE	MIN.	7. DATE (Month)	Dey, Year		6. BIRTI Count	PLACE (State or Foreign 76
311		PITAL				9b. CITY		DR LOCAT				9c. COUR	NTY OF D	PEATH
10e. STA	ARYLAND	EDENT 10b. COUNTY			10c. CIT	Y, TOWN I		TION L'IMOR	E	_	(10d, INSIDE CITY X-IMITS? 1 YES 2 ND
	6210 PARK HEIGHTS AVE., APT. 40					405 10f. ZIP CODE 21215					-	10g. CITIZEN DF WHAT		WHAT COUNTRY?
1 🗆 Ne	MARITAL STATUS ☐ Never Merried ☐ Widowed 4 ☐ Divorced 12. WAS DECEDENT EVER IN U.S. FORCES? 1 ☐ YES 2 ☐ IF YES, GIVE WAR DR DATES						If yes, s	CENDENT pecify Cub S 2 ND	en, Mexica	PANIC DRIGIN? (Specify Yee or No- ican, Puerto Rican, etc.)			14. RACE — American Indian, Black, White, etc. Specify: WHITE	
Elen	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +) 2 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) GENERAL MANAGER ABC VENDING—OCCUPATION ABC VENDING—OCCUPATION ABC							DEN FOOD COL						
17. FATH	SAMUEL		RUBIN					16. MO			tiddle, Maiden (UNKNC			
194. HVF	FORMANT'S NAME (T) IRS. MIRIA		BIN	15							or, City or Tow APT - 4			O., MD 212
20e. METHOD OF DISPOSITION Surfel 2 Cremation 3 Removal from State 20b. PLACE AND CATE DF DISPOSITION (Name of cemetary, crematory or other place) RETH ET, MEMORIAI, PARK 7/7/91 RANDALLSTOWN, 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY SOL LEVINSON & BROS., INC. 6010 RETSTERSTOWN RD. BALTO., MD 23. PART Lenter the diseases, or complications that squeed the death. Do not enter the mode of dying, such as cerdiac or respiratory strest,												C.		
Seque if any, cause CAUSi that ir	Interval B IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):													
	il. Other signification	nt condition	ns contributing to	death but not	resulting	in the u	nderlyl	ng cause	given in	Part I.	24a. WAS AN PERFOI 1 YES 2	RMED3	24	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
EX	S CASE REFERRED TO	MEDICAL	HOSPITAL:			ОТНЕ	R:			heck only or				
		Pending Investigation	28e, DATE O		28b. TII		28c. II	JURY AT ORK?		6 Othe	r (Specify) SCRIBE HOW	INJURY OC	CURED	
3 -	Suicide 6	Could not be	28e. PLACE building	DF INJURY At I , etc. (Specify)	home, ferm,	street, fa	ctory, off	ice		281. LOCATION (Street and Number or Rural Route Number, City or Town, State)				
	al orny		ICIAN: To the best of											(e) end manner as stated.
29b. Sid	A Dal	abab	h m					29c. L	D 4	105	4	29d. DA	T.	(Month, Day, Year)
4	ME AND ADDRESS OF	BAH		SIN	EM 27) (Typ	Print)	TIG	44	of	BA	(177)	1086		5)
31. DAT	TE FILED (Month, Day,	1991		AR'S SIGNATURE	ydelle.									

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending page 1, 2, 3 should be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 2121

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR	STATE OF MA	CERTI	FICAL	E OF	DEAIN		REG. NO.			
1. DECEDENT'S NAME (First, Middle, E THOMAS RA						2. DATE	OF DEATH	91 YE	AR 3. TIME OF	SOA M
4. SOCIAL SECURITY NUMBER 16	5. SEX 6.	AGE (In yrs. lest birthde 81 yrs	MONTHE	DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE	OF BIRTH		ORTHPLACE (State Country) ARYLAN	
* CHURCH "HOSP	TTAL CORPO	RATION			MORE C		A.	9c. COUNTY	10d. INSIDE CITY LIMITS? 1 YES 2 1 N OF WHAT COUNTRY? 6 A RACE — American India Black, White, etc. Specify: WHITE	
RESIDENCE OF DECEDEN 10a. STATE 10b. CO		10c. (BALT						10d. INSID	E CITY 57
10e. STREET AND NUMBER			DALI	101.	ZIP CODE				OF WHAT COUN	
909 S. EAST	12. WAS DECEDENT E	VER IN U.S. ARMED	13.		21224 ENDENT OF HISPA	NIC ORIGI	17 (Specify Yes o	US/		in Indian.
1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 IF YES, GIVE WAR	YES 2 NO		If yes, spec	city Cuben, Mexico 2 NO Specif	an, Puerto	Rican, atc.)		Specify:	,
15. DECEDENT'S (Specify only highest Elementary/Secondary (0-12)	grade completed) Coffege (1-4 or 5+)	life. Do NO	of work done I use retired.)	during mos	N I of working		. KIND OF BUSIN	IESS/INDUST	RY	
6 YEARS 17. FATHER'S NAME (First, Middle, Las		ACCC	DUNTA	NT	18. MOTHER'S NA	AME (First,	SELF Middle, Meiden Su MELHEB			
FREDERICK RA 190. INFORMANT'S NAME (Type/Print) MRS. EDNA RAT					NUSE AVENU	Route Nurr	ber, City or Town,	State, Zip Cod	,	
20e. METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3	Removal from State	20b. PLACE AND D. of cametary, cremate OAKLAWN	ATE OF DISE	POSITION	(Name	DAT	E 20c. LOCA	TION — City	or Town, State	D
4 Donation 5 Other (Specify)		DAKLAWI	1 CEN	IEIEr			DAL	. 10.	CITY M	υ.
IMMEDIATE CAUSE (Final disease or condition	Harren	aused the death. D on each line.	KA 25	CZOF	D ADDRESS OF FA ROWSKI FLEET S de of dying, suc	FUN	ET BAL	TO. 1		
shock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata ceuse. Enter UNDERLYING	, or complications that cure. List only one cause a. ARTZ DUE TO (o)	sused the death. Don aach line. A S A CONSEQUENCE	o not ante	CZOF	ROWSKI FLEET S	FUN	ET BAL	TO. 1		
añock, or heart fail iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. ATTO DUE TO (OI c.	On each line.	o not ante	CZOF	ROWSKI FLEET S	FUN	ET BAL	TO. 1		
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Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) PART II. Other algnificant conditions of the ceuse conditions of the ceuse ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant conditions of the ceus	a. ATT DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. D. DUE TO (OI d. D. D. DUE TO (OI d. D. D. D. D. D. D. D. D. D. D. D. D. D.	on each line. R AS A CONSEQUENCE R AS A CONSEQUENCE R AS A CONSEQUENCE Path but not resulting R/Outpetient 3 □ DOJ JURY Year) 28b. NJURY — At home, far.	o not ante	nderlying 26. PLI 28. INJ 2	Cause given in ACE OF DEATH (C	FUN STRE ch as car / / // // // // // // // // // // // //	ET BAL diac or respire ANI 24a. WAS AN AI PERFORM 1 YES 2 [UTOPSY IED?	24b. WERE AUT AMALABLE COMPLET OF DEATH 1 YES	DPSY FINDINGS PRIOR TO DID OF CAUSE
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ashock, or heart fail IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditiona, if any, leading to immediata ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other algnificant cond 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investige 3 Suicide 6 Could no 4 Homicide 6 Could no 4 Homicide 6 Could no 4 Homicide 7 CERTIFFING (Check only one) 2 MEDICAL EX. 29b. SIGNATURE AND TITLE OF CERTIFING 1	a. ADJ DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. DUE TO (OI d. D. D. D. D. D. D. D. D. D. D. D. D. D.	on aach line. R AS A CONSEQUENCE R AS A CONSEQUENCE RAS A CONSEQUEN	o not ante	nderlying 26. PL: FR: rising Home 28. Wolf 1 V V time, data	Cause given in ACE OF DEATH (CAUSE OF DEATH (FUNSTRE ch as car // // check only of 6 G Oth 286. LO Ch 286. LO che time, det	24a. WAS AN AI PERFORM 1 YES 2 [CATION (Street and or Town, State) susse(a) and manna and place, and	UTOPSY JURY OCCURI of Number or F	24b. WERE AUTI AWAILABLE COMPLETI OF DEATH 1 YES	POYSY FINDINGS PRIOR TO DID F CAUSE 2 NO
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gw requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

AL RECORDS, P.O. BOX 68760,

DIVISION OF

TO THE HOSPITAL OR ATTENDING PH TO THE FUNERAL DIRECTOR; After this be filed within 72 hours after death with

BE

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BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified COMPLETED BY PHYSICIAN: MEDICAL

1000	1. DECEDENT'S NAME (First, I	Middle, Last)								2. DATE OF I	DEATH	YEAR	3. TIME OF DEATH		
			MARY O	UINN RIE	CLEY					JULY	7. 1	991	5:05 P.	M	
	4. SOCIAL SECURITY NUMBER 038-20-0033	R	5. SEX 1	6. AGE (In yrs. les	Maa	IF UNDER	DAYS	IF UNDER	24 HRS. MIN.	7. DATE OF E (Month, De MAY 2			THPLACE (State or Fore DDE ISLANI		
	9a. FACILITY NAME (If not inst		street and number)			9b. CITY	r, TOWN	R LOCATI	ON OF DE			OUNTY OF	DEATH		
5	334 SUFFOLK					В	ALTI	MORE	,CIT	Y					
משונים	RESIDENCE OF DECI	10b. COUNT	Y		10c. CI	TY, TOWN			OZT				10d. INSIDE CITY LIMITS?		
2	10e. STREET AND NUMBER				L	D		MORE	•	Y	1 40- 6	WITH OF	WHAT COUNTRY?	0	
בים	334 SUFFOLK	ROAD					10	. ZIP CODI		218	log. C	U.S.			
	11. MARITAL STATUS 1 Never Married 2 A A 3 Wildowed 4 Divorce	T EVER IN U.S. AR YES 2 1	MED NO	1	If yes, sp	ENDENT Cube	n, Maxica	n, Puerto Ricar	pecify Yea or No- n, etc.)						
בונו	(Specify only		completed)	(G	ive kind of	work done	during mo		קר	16b. KIN	D OF BUSINESS/	NESS/INDUSTRY			
	Elementary/Secondary (0-	12)	College (1-4 or 5	•)	. DO NOT		RSE		HOSPIT				TAL		
5	17. FATHER'S NAME (First, Mid THOMAS J.									ME (First, Middle ARET G	e, Maiden Sumami ORMAN	0)			
2	19a. INFORMANT'S NAME (Ty) THOMAS F.	20000	Y	100		G ADDRES					E, MD. 2				
	20a. METHOD OF DISPOSITION 1	Specify)	noval from State	of cemetary	f cemetary, crematory or other place) 7 /1 5 /01							N — City or Town, Stata			
1	21. SIGNATURE OF FUNERAL	kins	he	22.	NAME A	ND ADDRE		49	05 YORK	ROAD					
NO INCOME	23. PART I. Enter the die shock, Dr ha iMMEDIATE CAUSE (Find disease or condition resulting in death) Sequentially list condition if any, leading to immedicause. Enter UNDERLY!! CAUSE (Disease or injurthat initiated events resulting in death) LAST	art fellure.	a. DUE TO	t caused the dependent caused the dependent caused the dependent conservation of the dependent caused the dependen	OUENCE O	OF):	tha mo		ing, aud	h aa cardiac	or reapiretory	arreat,	Approximatintarval Bei Onset and	Death	

PERFORMED?

AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 | YES 2 | NO

25. WAS CASE REFERRED TO MEDICAL EXAMINER?

5 Pending Investigation

6 Could not be determined

HOSPITAL:
1 | Inpatient 2 | ER/Outpetient 3 | DOA 28a. DATE OF INJURY (Month, Day, Year)

26. PLACE OF DEATH (Check only one) OTHER: 8 Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED

28c. INJURY AT WORK? 1 YES 2 NO 28s. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify)

26f. LOCATION (Street and Number or Rural Route Number, City or Town, State)

29a. CERTIFIER

27. MANNER OF DEATH

Natural 2 Accident

3 Suicide

4 Homicide

296. SIGNATURE AND TITLE OF CERTIFIER

Μ. 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

PAUL CHANG

5601 LOCH RAVEN BLVD. BALTIMORE, MD. 21239

D16577

31. DATE FILED (Month, Day, Year)

JUL 09 1991

REDISTRANS SIGNATURE PONDARD

the gift in

DHMH-18 Rev 1/89

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the participate be executed within a second after death. Page 6 may be retained by the hors TO THE FUNERAL DIRECTOR. After this certificate has been significant to the filed within 72 hours after death with the State Dept. of Heath and the hydren than the model. The second of the filed within 72 hours after death with the State Dept. of Heath and the hydren training cremation, or removal.

IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

	FOR 1	-3	73	38-	005
١.	STATE				

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

_	HEGIOTIAN			JEHHI	IOAIL	01	DEA	11	HEG. NO.			
,	1. DECEDENT'S NAME (First, Middle, Lest)							2	DATE OF DEATH			3. TIME OF DEATH
,	RONNIE Ja	W		RAY	IOD)7 O.		991	02:25 A M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs.		IF UNDER	4 VEAR	IF UNDER		Z DATE OF BIRTH			LACE (State or Foreign
					MONTHS	DAYS	HOURS	MIN.	(Month Day Year)	.	Country)	0.0000000000000000000000000000000000000
	214-02-5776	1 M 2 - F	20	YRS.					5/23/197	1	Mai	ryland
. 1	9a. FACILITY NAME (If not institution, give at				9b. CITY,	TOWN C	R LOCATIO	ON OF OEAT	Н		NTY OF DE	
E	SOUTHBOUND-ROU	TE 295			7.					BA	LTIM	Arundel
13	RESIDENCE OF DECEDENT											
8	10a. STATE 10b. COUNTY	,		10c. CIT	Y, TOWN O	R LOCAT	ION			•		10d. INSIDE CITY
E	Maryland N/A	7		Ral	timor	e C	itv	(Lake	eland)			LIMITS?
51	10e. STREET AND NUMBER			104.				•				**
₹		* 10.0 T C T				101	. ZIP CODE			10g. CITI	USA	IAT COUNTRY?
BY FUNERAL DIRECTOR	3707 McDowell	Lane					21	1227			USA	
5	11. MARITAL STATUS	12. WAS DECEDEN							ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian,
F	1 Never Married 2 Married		YES 2)(XNO			ecity Cuba 2XXNO		Puarto Rican, atc.)		Specify	White, etc.
8	3 Widowed 4 Divorced						-767(11	open,,				White
0	15. DECEDENT'S EDUC		18a.	DECEDENT'S	USUAL OC	CUPATIO	ON		16b. KIND OF BUS	SINESS/INC	DUSTRY	
E	(Specify only highest grade			(Give kind of life. Do NOT u	work done o	luring mo	st of workin	9				
اڭ	Elamentary/Secondary (0-12)	College (1-4 or 8	*) c	arpen	toris	Нο	lner		Const	ruct:	ion	
Ž	9th Grade		10	arpen	ter s	He					1011	
COMPLETED	17. FATHER'S NAME (First, Middle, Last)								(First, Middle, Maiden		L D	
BE	Tharon		Ra	ynor			G G	ertru	de E. Sta	novi	ch Ka	ynor
	19a. INFORMANT'S NAME (Type/Print)			19b. MAILING	ADDRESS	(Street a	nd Number	or Rural Rou	ite Number, City or Tow	n, State, Zic	Code)	
2	Mr. Tharon Rayı	nor		37	07 Mc	:Dow	ell l	_ane,	Baltimor	e, Mo	d. 2	1227
	20a. METHOO OF DISPOSITION		20h BLA	CE OF DISPO	CITION (A)-				I 200 10	CATION	City or Tow	n Clata
- 1	1 Burial 2X Cremation 3 Rem	oval from State							atory Ba	1+im	OKO IOW	Maryland
	4 Donation 8 Other (Specify)		_ LOU	luon P	ark c	ellle	tery	Cr em	atory ba	TUTTIN	016,	nai y rana
	21. SIGNATURE OF FUNERAL SERVICE LIC	Kev	in E. E	cker	22.1 M.	CIT	D ADDRE	SS OF FACIL	1 Home of	Bro	nkl vn	
	D X 5 0	Rev		.0								
	23. PART I. Enter the diseases, pro	n-dissilant the	A coursed the	death De					o Ave., B			
ĺ	shock, or haert fellure.				not enter	tite int	da or dy	ing, aden	es ceroisc or resp	matory an	lest,	Approximate Interval Between
	IMMEDIATE CAUSE (Final				4							Onset and Death
	disesse or condition resulting in death)	muni	4	aunu	mis							
t	resulting in dastil)	DUE TO	(OR AS A CON	SEQUENCE C	F):							1
- 1												
CERTIFICATION	Sequentially list conditions,	b. DUE TO	(OR AS A CON	SEOUENCE C	F):							1
AT	If eny, leading to immediate cause. Enter UNDERLYING											
2	CAUSE (Diseasa or Injury	C. DHE TO	OR AS A CON	SECTION CE	NE).							
Ë	that initiated events resulting in death) LAST	502 10	(011 10 11 0011	OLOOLITOL C	. ,.							i l
E		d										
0	PART II. Other significant condition	e contributing to	death but no	nt resulting	In the un	derivin	O COURS (alven in Pr	art I. 24a, WAS AN	VZGOTUA	24h	WERE AUTOPSY FINDINGS
<u>₹</u>				or rooming	iii tiio aii	oonly in	9 00000	91.001.111.11	PERFO			AMAILABLE PRIOR TO
ă l									_ 1 THES	NO		COMPLETION OF CAUSE OF DEATH?
MEDICAL									_			YES 2 NO
÷												
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL	333				26. P	LACE OF D	EATH (Check	k only one)			
8	EXAMINER?	HOSPITAL:	- FD10-1		OTHER				Other (Specify)			
≥	27. MANNER OF DEATH	1 Inpatient 2			_			-				HIGHWAY
급	1 Natural 5 Pending	28a. DATE Of	Day, Year)	0 1 :	JURY	W	JURY AT		BEDECTO			V DV AUTO
BY	2XXAccident Investigation	07 03	1991	101:	45AM	1 📙	YES X	≦ NO	PEDESIK	IAN	SIKUU	K BY AUTO
	3 Suicide 8 Could not be	28e. PLACE (OF INJURY At	t home, farm,	street, fact	ory, offic	10	2	28f. LOCATION (Street City or Town, State	1 -		
2	4 Homicide determined	.02000			PIIRT.T	СП	TOWN	V	ROUTE 29	LHILL		el County,MD ORE COUNTY
COMPLETED	29a. CERTIFIER									_		ORE GOINS I
4	cool only	THE RESERVE							the cause(a) and ma			
ō	MEDICAL EXAMINE	R: On the basis of	examination and	/or investigati	on, in my c	pinion,	lasth occu	red at the ti	me, data and place, a	nd dua to 1	he cause(a)	and manner as stated.
	296 FIGNATURE AND TITLE OF CERTIFIE	3, 4/	/		,		29c. LIC	ENSE NUMB	ER	29d. DAT	E SIGNEO	(Month, Day, Year)
H	Wolline me	KILL	U	W				OCM	E	▶ 07	7 0.	5 1991
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CAL	JSE OF DEATH	TEM 270 (5m	e. Print)		1					
	Mmcm1 - 1	1/00	and describe			11	DEMM	STREE	ET BALTI	MORE	MARV	LAND 21201
	1 MARCHAN D	.1.0100				11	r THINTA	OINE	T DWTIT	IONE ,	LIMIT.	171111 Z 1Z 0 1
	31. DATE FILEO Month, Day, Year)	32. REGISTR	AR'S SIGNATUR	E YO .	0.0							
	JUL 09 19	011 1.0	a Davidson	A Intranel	6 VV -							

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FOR STATE REGISTRAR

DIVISION OF VITA		-
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		IVISIO

	3	st, Middle, Last)	Johan	INA	St	tow	E	24		2. DATE O	F DEATH	AY - 9	YEAR	3. TIME OF DEATH 0602. N
	4. SOCIAL SECURITY NUM 215-22-75		5. SEX 1		s. last birthday) YRS.	IF UNDER	1 YEAR DAYS	IF UNDER	24 HRS. MIN.	_	Day, Year)	921	Country)	LACE (State or Foreign
E E	90. FACILITY NAME (If not	institution, give s			Jose			alls		ATH		9c. COU	nty of DE	HTA
DIRECTOR	Baltimore RESIDENCE OF DE			tal I					COW	11		Da		
E	10a. STATE	10b. COUNT	Υ			ry, town o								10d. INSIDE CITY LIMITS?
- 1	Maryland 100. STREET AND NUMBER					Balt:	_	r. ZIP COD	E			T son CITI		1 X YES 2 NO
RA	1077 Elli		Drivows	177			1.0		216			U.		
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 3 X Widowed 4 Div	Merried	12. WAS DECEDEN FORCES? IF YES, GIVE Y	T EVER IN U.S	NO	H	t yes, sp	CENDENT (F HISPAI	IIC ORIGIN?	(Specify Yelcan, etc.)	-	14. RACE	— American Indian, White, etc.
ED	15. DE	CEDENT'S EDU	ICATION	166	DECEDENT	S USUAL OC	CUPATI	ON		16b.	KIND OF BU	SINESS/IND	USTRY	Black
	(Specify or Elementary/Secondary	nly highest grade (0-12)	Collaga (1-4 or 5		(Give kind of life. Do NOT a	work done d ise retired.)	luring mo	ost of world	ng					
COMPL	12th Grad	-			Hous	seke	epe	7						
8	17. FATHER'S NAME (First,										iddle, Melden	Surname)		
N P	George Ho		}		I anh	0.400	/D4	_		Hask		Division Es	0.41	
၉			20		196. MAILIN									MD 2121
	Delores G			20b. PL.	ACE OF DISPO					eway		CATION -		
	20e. METHOD OF DISPOSI 1 M Burlel 2 Cremate 4 Donation 5 Dothe		noval from State	oth	er place)	-			-	erv			-	Marylan
	21. SIGNATURE OF JUNES	the second second	CENSEE		LUIMO.	22.1	NAME A	ND ADDRE	SS OF FA	CILITY /	lutte	r Fiii	nera	1 Homes
	V98	10 11	Roller	1		25	501	Gwy	nns	Fa1	ls P	arkw	ay	
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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BALTIMORE, MARYLAND 21203-3146

FEH

	Items:23 part FOR G-681 11/14/9	I per MEO STATE OF MARYLAN	ID / DEPAR	TMENT	OF H	EALTH AND N	MENTAL HYG	9 IENE	1 1	8406
	1. DECEDENT'S NAME (First, Middle, Last) LARRY	DONNELL	CERTIF		OF MITH	DEATH	REG. 2. DATE OF DEAT MONTH 7	H DAY	991	3. TIME OF DEATH 07:16 A M
	The state of the s		yrs. lest birthday)	IF UNDER	1 YEAR DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Yel 06-04-	51	8. BIRTHI Country	PLACE (State or Foreign
OR	90. FACILITY NAME (If not institution, give street 2403 E. MONUMEN)			9b. CITY		R LOCATION OF DE			NTY OF DE	AIH
DIRECTOR	RESIDENCE OF DECEDENT 100. STATE M D		1	y, town o		ON CIT	Υ			10d. INSIDE CITY LIMITS? 1 YES 2 NO
FUNERAL I	100. STREET AND NUMBER 2403 E. MONU	MENT STRE	ET		101.	21205		10g. CIT		HAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN U FORCES? 1 YES IF YES, GIVE WAR OR DATE	2 NO		If yes, spe	ENDENT OF HISPAN letty Cuben, Maxical 2/ NO Specify	n, Puarto Rican, ato		14. RACE Black Specif	- American Indian, White, atc.
COMPLETED	15. DECEDENT'S EDUCAT (Specify only highest grade co	FION mpleted) 1. College (1-4 or 5 +)	6a. DECEDENT'S (Give kind of life. Do NOT u	work done (se retired.)	CCUPATIO	N at of working		ING P		
E COMF	17. FATHER'S NAME (First, Middle, Last) RICHARD A. S	SMITH	LADOR	L I\		16. MOTHER'S NAI	ME (First, Middle, Mi	iden Surname)	VINI	
TO BE	198. INFORMANT'S NAME (Type/Print) CYNTHIA MYERS					ER ST.	Route Number, City o	Town, State, Z		21205
	90e, METHOD OF DISPOSITION ↑ Burlel 2 Cremation 3 Remove 4 Donetion 6 Other (Specify)			SITION (Na	me of cen	netery, crematory or	20	c. LOCATION	- City or To	
	21. SIGNATURE OF FUNERAL SERVICE LICEN	NSEE)			MARCH		101 F	N C	RTH AVE.
	23. PART i. Enter the disease, or conshock, or heart failure. Lie IMMEDIATE CAUSE (Finel disease or condition resulting in death)		h line. Lunt for	rce :					rrest,	Approximats interval Between Onset and Death
CERTIFICATION	Sequentisily list conditions, if any, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR AS A C	ONSEQUENCE O	uly PF:						
MEDICAL C	PART II. Other significent conditions	contributing to deeth but	not resulting	In the u	nderfyln	g cause given in	PE	S AN AUTOPSY RFORMED?	24b.	WERE AUTOPSY FINDINGS AMALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
IAN: I	25. WAS CASE REFERRED TO MEDICAL				26. PI	ACE OF DEATH (Ch	eck only one)			
PHYSICIAN:		HOSPITAL: Impetient 2 ER/Outpet 28a. DATE OF INJURY	lent 3 DOA	1	R: rsing Horr 28c, INJ	e 5 X Rasidence	6 Other (Specify		CCURED	
ВУ	1 Netural 5 Pending Investigation 2 Accident Investigation 3 Suicide 6 Could not be determined	(Month, Day, Year) UNKNOWN 26e. PLACE OF INJURY building, atc. (Specify	At home, farm,	NK M	1 🔲	PRK? YES 2 NO	SUBJEC	T ASSA treet and Numb State)	OULTE	
COMPLETED	29a. CERTIFIER (Check only 1 CERTIFYING PHYSICI.	AN: To the best of my knowled On the basis of examination	dge, death occur		time, date		to the cause(e) en	d manner ee st	ated.	T.BALTO.MD.
BE	296 AIGNATURE AND TITLE OF CERTIFIER	Mul				29c, LICENSE NUI	MBER		TE SIGNED	(Month, Day, Year) 5-1991
10	MARypmon	A. ILA GET	(PEN	N STREET	BALTIMO	ORE CIT	ry,MA	RYLAND 2120
	31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGNAT	URE							

0 9 1991



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- STATE REGISTRAR		CERT	ili içaii				REG. NO.			
I. DECEDENT'S NAME (First, Middle, Las		53 (31)				2. DATE OF MONTH	DAY	YE	40	ME OF DEATH
JAMES M.						7	8	199		- 1 - 1
4. SOCIAL SECURITY NUMBER	5. SEX 6	. AGE (In yrs. lest birth		DAYE HOU	NDER 24 HRS. RS MIN.	7. DATE OF (Month, E	BIRTH Day, Ybar)	8. 0	ountry)	E (State or Foreign
212-58-0611 Da. FACILITY NAME (If not institution, gh		39 1					4-51	9c. COUNTY	VA	
University Hosp				y, town or Local Litimor		EATH		9c. COUNTY	OF DEATH	
RESIDENCE OF DECEDENT	, i cai		Da	ILLIMOI	-					
10a. STATE 10b. COU	NTY	104	c. CITY, TOWN	OR LOCATION					10d.	INSIDE CITY
MD.			BALT	IMORE					ıχ	YES 2 NO
10e. STREET AND NUMBER				10f, ZIP (10g. CITIZEN	OF WHAT	COUNTRY?
202 NORTH FREM	MONT AVENUE	APT #1		21:	201				10	
11. MARITAL STATUS	12. WAS DECEDENT I	YES 2 NO		WAS DECENDE				or No 14.	RACE - A	imerican Indian, Ita, etc.
1 Never Married 2 Married 3 Widowed 4 Divorced	IF YES, GIVE WAF	OR DATES		1 - YES 2 X					Specify:	LACK
15. DECEDENT'S E	DICATION	16a DECEO	ENT'S USUAL C	OCCUPATION		16b K	IND OF BUSI	NESS/INDUST		LHOR
(Specify only highest gr Elementary/Secondary (0-12)		(Give ki	nd of work done VOT use retired.)	during most of w	vorking					
Elemental your charry (0-12)	College (F4 of 54)	NO	NE			_				
17. FATHER'S NAME (First, Middle, Last)					MOTHER'S NA			urname)		
HERMAN STARKE					VIRGIN	IIA TA	YLOR			- 6
19a. INFORMANT'S NAME (Type/Print)				SS (Street end Nu						0.03
VIRGINIA MAY ST	TARKE	2	02 N.	FREMON	r AVE.	APT.	I BAL'	ro. MD	. 21	201
20a. METHOD OF DISPOSITION 1 [2](Burial 2 [] Cremation 3 [] R	emoval from State	20b. PLACE AND			ne .	OATE	20c. LOC	ATION — City	or Town,	State
4 Donation 5 Other (Specify)		of cemetary crem	RN STA	iR			BAL	TIMORE	, MD	
21. SIGNATURE OF FUHERAL SERVICE										
21. SIGNATURE OF THE SERVICE	LICENSEE		22	NAME AND AD			IB B	Δ		
· Charles	y Bu)UV		JOSEPH 1913 W	H. BE	ROWN,	ST. B	ALTO.		
23. PART I. Enter the diseases,	or complications that care. List only one cause	on each line.	Do not enta	JOSEPH 1913 W	H. BE	ROWN,	ST. B	ALTO.		Approximata interval Betwee Onset and Dear
23. PART I. Enter the diseases, ahock, or heart fellu IMMEDIATE CAUSE (Finel disease or condition	a. Rena	Failu	Do not anta	JOSEPH 1913 W or the mode of	H. BF EST BA dying, suc	ROWN,	ST . P.	ALTO.		Approximate interval Betwee Onset and Dear
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BALTIMORE, MARYLAND 21215-0020

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31. DATE FILED (Month, Day, Year)

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SMALLWOOL), 62	ORGO	2			C	7-05		8	7-AM "
		B. AGE (In yrs. last		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 H	(1	ATE OF BIRTN Worth, Day, Year)		Country)	
	1 → M 2 □ F	28	YRS.				/3/63	La anu		Md.
Sa. FACILITY NAME (If not institution, give stre	/	SDIT	9/	9b. CITY, TOWN C	LT (/		00	1	NTY OF DE	MORE
RESIDENCE OF DECEDENT	710.	30111	72	IJH.	2111	n 0 1	32	10,	721	MICKE
Md . 10b. COUNTY				y, town on Locat altimor						IOd. INSIDE CITY LIMITS? 1 XYES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE			10g. CIT	ZEN OF WI	IAT COUNTRY?
3 Solar Circle					212	234			U,S	.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2. N	MED	if yes, sp		lexican, Pu	RIGIN? (Specify Yearto Rican, etc.)	n or No—	14. RACE Black, Specify Bla	- American Indian, White, atc.
15. DECEDENT'S EDUCA	ATION			USUAL OCCUPATION			16b. KIND OF BU	SINESS/IN	DUSTRY	
(Specify only highest grade of Elementary/Secondary (0-12)	College (1-4 or 5+)	life	Do NOT us	work done during mo se retired.)	st of working					
		Ho	use	man			Quali	ty I	nns	
17. FATHER'S NAME (First, Middle, Last)	1 0						irst, Middle, Maiden			
George Smallwo	oa, Sr.					roth	6	Duck		
TOTAL PROPERTY OF THE PROPERTY	utahina			ADDRESS (Street a						1224
Mrs. Dorothy H	ucchins	_		olar Ci			Balto		City or Tow	
1 X Burial 2 Cremation 3 Ramov	val from Stata			em. Par		7			0 . ,	
21. SIGNATURE OF FUNERAL SERVICE LICE			·	22. NAME AL	ND ADDRESS (OF FACILIT	Y			
James a.	most	n					ton & S			1 01017
23. PART I. Enter the diseases, pr co	,		eth Do							d. 21217
shock, or heart failure. L.				not onto: the me	do or dying,	, 00011 00	cardioc or resp	пошту ш		interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition	AS	THV	MA							28 year
resulting in deeth)		OR AS A CONSEC								1
	DUE TO (OR AS A CONSEC	DUENCE O	F):						
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if eny, leeding to immediate cause. Enter UNDERLYING										
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32. REGISTRAR'S SIGNATURE

DHMH-16 Rev 1/89

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1 - FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. 2. DATE OF OEATH DAY 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH YEAR WARREN SEWARD JULY 1991 10:51 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign (Month, Day, Year) 2/25/53 DAYS 218 56 2446 5€ M 2 □ F 38 YRS. Md permit. Pages 1, 2, 3 should 9e. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF GEATH 9c. COUNTY OF DEATH THE JOHNS HOPKINS HOSPITAL DIRECTOR BALTIMORE CITY BALTIMORE CITY RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY Md Balto Turners 1 YES 2 NO Station FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY 117 Fleming Drive detached for use as the burial-transit U.S. 21222 retained by the hospital or attending physician. 12. WAS DECEDENT EVER IN U.S. ARMED 11. MARITAL STATUS 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cubsn, Mexicen, Puerto Rican, etc.) BALTIMORE, MARYLAND 21215-0020 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 NO IF YES, GIVE WAR OR DATES 1 Never Merried 2 Merried BY 1 TYES 2X NO Specify: 3 Widowed 4 Divorced Brack COMPLETED 18e. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working 1S. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY Elementary/Secondery (0-12) Mechanic College (1-4 or S+1 once. 17. FATHER'S NAME (First Middle, Last) Seward 18. MOTHER'S NAME (First, Middle, Meiden Surneme)
Margaret McDonald funeral director, page 5 should be notified at BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street end Number or Rural Route Number, City or Town, State, Zip Code) 0 Charlene F. Seward 117 Fleming Dr. Balto., Md. 21222 å 20e. METHOD OF DISPOSITION
1 Duriel 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20c. LOCATION — City or Town, State 20b. PLACE AND DATE OF DISPOSITION (Name of must DATE cametery, crematory or other place) Md examiner 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY
James A. Morton + Sons James a 1701 Laurens ST. certificate has been signed by the attending physician and completely filled in by the in the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. 1, or Item 23 shows any Injury, or other traumatic event, the medical ex 23. PART I. Enter the disesses, or complications that caused the dasth. Do not enter the mode of dying, such as cardiac or respiratory errest, Approximate ahock, or heart failure. List only one cause on each line. Interval Between IMMEDIATE CAUSE (Final Onset and Death disease or condition reaulting in dasth) DUE TO OR AS A CONSCOUENCE OF Kaposis HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within SATCOMA P.O. BOX 68760, infection CERTIFICATION Sequentially ilst conditions, if any, leading to immediate DUE TO (OR AS A CONSEQUENCE OF): cause. Entar UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in dasth) LAST DIVISION OF VITAL RECORDS. PART II. Other algorificant conditions contributing to death but not resulting in the undarlying cause given in Part I. MEDICAL 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 TYES 2 NO 1 TYES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: OTHER: 1 TYES 2 NO Inpatient 2 ER/Outpatient 3 DOA ne 5 🗆 Residence & 🗆 Other (Specify) 4 Nurs 27. MANNER OF DEATH 28b. TIME DF INJURY 28e. DATE OF INJURY (Month, Day, Yper) this c 28c. INJURY AT WORK? marked, 28d. DESCRIBE HOW INJURY OCCURED 1 Natural S Pending After the death v 1 YES 2 NO BY Accident Investigation TO THE HOSPITAL OR ATTENDING TO THE FUNERAL DIRECTOR: Afte be filed within 72 hours after dea IMPORTANT: If Item 28 is m 28e. PLACE OF INJURY — Al home, ferm, streat, factory, office bulldim etc. (Specify) 3 Sulcide COMPLETED 8 Could not be determined 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 4 Homicide 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(s) end menner es stated. 2 MEDICAL EXAMINER: On the bests of examination end/or investigation, in my opinion, death occurred at the lime, date end place, end due to the ceuse(s) and menner as stated.

Junior Assistant Resident 290. LICENSE NUMBER

700

H8610

N. Wolfe St., Baltimore

WHO COMPLETED CAUSE OF DEATH (ITEM 27) (1900, Print)

32. JEGISTRAR'S SIGNATURE
Juna Daydon Randoll

Vance

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31. DATE FILED (Month, Day.

9 1991 ZIROS

29d. DATE SIGNED (Month, Day, Year)

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VERAL LIMECTOM; Affer this certificate has been signed by the alternormy physician and completely inner in by the luther of inection, page 3 should be detached not use as the using	hin 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	NT: If flem 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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- STATE REGISTRAR				OF DEATH	REG.			
1. DECEDENT'S NAME (First, Middle, Last) COURTNEY	SIEGEL ((COURTNEY	LEIGH	SIEGEL)	2. DATE OF DEAT	DAY	YEAR 3. TIME	T29
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	E (In yrs. last birthday)	IF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Ye	(1)	S. BIRTNPLACE (S Country)	State or Forei
214-96-0797 9a. FACILITY NAME (If not institution, give stre	1 M 2 WF	10 YRS.		OWN OR LOCATION OF D	7. 13	3.80	MARY	LAND
94. FACILITY NAME (IF not institution, give str	eet and number)		96. CITY, 10	14 MORE		9c. COU	NTY OF DEATN	
RESIDENCE OF DECEDENT	of veri	1 40- 05	TY, TOWN OR L				D.V.	SIDE CITY
MA LOOKIY	milla	e 102.0	1 28	achill	0		LIN	WITS?
100. STREET AND NUMBER	1 0	-\-	<u> </u>	101. ZIP CODE		10g. CITI	IZEN OF WHAT CO	UNTRY?
20 Back	nel Co	Jours		9100	(5)		USA	
11. MARITAL STATUS 1 X Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	S 2 NO	If ye	B DECENDENT OF HISPA DB, specify Cuban, Maxic YES 2 NO Speci	an, Puarto Rican, ato		14. RACE — Ame Black, Whita, Specify: W	ricen Indien, etc. HITE
15. OECEDENT'S EDUC. (Specify only highest grade of	ATION completed)	16a. DECEDENT"	work done during	IPATION ng most of working	16b. KINO O	F BUSINESS/INC	DUSTRY	
Elementary(Secondary (0-12)	College (1-4 or 5+)	STUDEN	use retired.)	THE LAND	EDU	CATION		
17. FATHER'S NAME (First, Middle, Last)	D CTECES	Little of the		18. MOTHER'S N.	AME (First, Middle, M.			74
	D SIEGEL		A ABCOCO			NYDER	2.4	
ERIC D. SIEGEL			ARTHEL	treet and Number or Rural CT. LUTH	Route Number, City of IERVILLE,		1093	
20gc METHOD OF DISPOSITION 1 🖰 Burlal 2 🗆 Cremation 3 🗆 Remo	2	20b. PLACE ANO DA			DATE 20	c. LOCATION —	City or Town, State	a
4 Donation 5 Other (Specify)		of cemetary, cremator		L PARK 7/8	/01	ואכוואמם	T CONTAINT	MD
21. SIGNATURE OF FUNERAL SERVICE LICE		DETH EPT A		ME ANO ADDRESS OF F		RANDAI	LLSTOWN	MD
III SIGNATURE OF TORENZE SERVICE EX	12///			SOL LEVINS		C TNI		
14 de 0 d 1	all lane							
COLUMN STATE OF STATE)						21.21
23. PART I, Enter the dishases, or co	omplications that caus	ed the death. Do	60	10 REISTER	STOWN RD	BAL	IO., MD	
23. PAHT I, finter the dispesses, or co shock, or heart allure. L	omplications that caus	sed the death. Do	60	10 REISTER	STOWN RD	BAL	TO., MD	pproximat
shock, or heart failure. L	lat only one cause on	aach ilna.	not enter the	OLO REISTER e mode of dying, su	CSTOWN RD	BALT	rest, A	pproximat
shock, or heart failure. L	lat only one cause on	aach ilna.	not enter the	OLO REISTER e mode of dying, su	STOWN RD th as cardiac or	BAL!	rest, A	pproximat ntarval Bet Inset and I
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98. FACILITY NAME (If not institution, give stre NORTH OAKS RETIRE		ITY	9b. CITY,	TOWN OR LOCA BALT	TIMORI		9c. COI	DALTIMOF	Œ
RESIDENCE OF DECEDENT 106. STATE 106. COUNTY MARYLAND	BALTIMORE	10c. Ct	TY, TOWN OF	ALTIMOR	E			1 104	IDE CITY
100. STREET AND NUMBER 725 MOUNT WILSON	LANE			101. ZIP CO 21	DE 208		10g. CF	TIZEN OF WHAT COU	
II. MARITAL STATUS Never Merried 2X Merried	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR I	IN U.S. ARMED	If	AS DECENDENT yes, specify Cui	en, Mexico	n, Puerto Ricar	pecify Yee or No	14. RACE — Ameri Black, White, a Specify: WH	can Indian, tc.
15. DECEDENT'S EDUC, (Specify only highest grade of Elementary/Secondary (0-12)		Ille. Do NOT	f work done di	CUPATION uring most of wor	king	1000000	D OF BUSINESS/IN	OOK STORE	3
17. FATHER'S NAME (First, Middle, Last) DAVID HAMET				18. MC			e, Maiden Sumame) JKNOWN)		
190. INFORMANT'S NAME (Type/Print) MR. SAMUEL STAIMAI	N			(Street and Numb			Timore, M		1
23. PART (Enter the diseases, or described or heart failure.) IMMEDIATE CAUSE (Finel disease or condition	omplications that cause on the full	stic B	not enter	O10 REI	STER!	STOWN I		rreat, Ap	21215 proximate larval Betweenset and De
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FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - REGISTRAR		CERTIFI	CATE OF D	EATH	REG. NO.		
1. DECEDENT'S NAME (First, Middle, Last) ANNIE B	. SACH	5	- 54- 157	U	2. DATE OF DEATH DAY	1991	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER 217 - 34 - 7570		E (In yrs. last birthday) 99101YRS.	MONTHS DAYS H	F UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 92	·Coun	HPLACE (State or Foreign try)
9a. FACILITY NAME (If not institution, give to LEVINDALE) RESIDENCE OF DECEDENT	atreet and number) 4. GERIATE	4c CUTP	96. CITY, TOWN OR BAL	TIMO		COUNTY OF	DEATH
RESIDENCE OF DECEDENT 100. STATE MARYLAND 10b. COUNT	Y	10c. CITY	TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 XES 2 NO
10e. STREET AND NUMBER 3808 FORDLEIGH 11. MARIYAL STATUS 1 Never Married 2 Married	RD., APT. B		10f. Z	P CODE			WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS OECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If yes, speci	DENT OF HISPAN fy Cuban, Maxicar XNO Specify	IC ORIGIN? (Specify Yea or No 1, Puarto Rican, etc.)	Blac	DE — American Indian, ck, White, etc. with: WHITE
15. DECEDENT'S EDI (Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	(Give kind of w life. Do NOT use		of working	16b. KIND OF BUSINES		
12		HOUS.	EWIFE			HOME	
	DEDE TA				ME (First, Middle, Maiden Surna	me)	
ABRAHAM 19a. INFORMANT'S NAME (Type/Print)	BERLIN	Sin man		IDA	MOSHVITZ		
198. INFORMANT'S NAME (NONPHIK)		-722 -732			loute Number, City or Town, Sta		00404
MR. ALBERT SACHS			A LUCINDA				
1 Donation 5 Other (Specify)	noval from State	20b. PLACE AND DATE of cemetary, crematory BETH TFI	or other place)	7/3/		IMORE	
21. SIGNATURE OF FUNERAL BETWEEN	und live	0	SC		SON & BROS., TOWN RD. BAL		D 21215
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CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	S A CONSEQUENCE OF):				
PART II. Other aignificant condition	na contributing to death	n but not resulting i	n the underlying	cause given in	Part I. 24a. WAS AN AUTO PERFORMED 1 YES 2	?	Ib. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 100 27. MANNER OF DEATH			3		10 N. D.		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			CE OF DEATH (Ch	eck only one)		
1 🗆 YES 2 NO	1 - Inpatient 2 - ER/O		OTHER:	5 🗆 Rasidence	8 Other (Specify)		
27. MANNER OF DEATH 1. Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJUR (Month, Day, Yea.		URY WOR	RY AT K? S 2 NO	28d. OEŞCRIBE HOW INJUR	Y OCCURED	
9 Outotele	28e. PLACE OF INJU building, etc. (S	JRY — At home, farm, a specify)	treet, factory, office		281. LOCATION (Street and N City or Yown, State)	umber or Rura	I Route Number,
and and					to the cause(a) and manner of time, date and place, and due		e(a) and manner ae stated.
296. SIGNATURE AND TITLE OF CERTIFI	xo s	TAKE	20	29c. LICENSE NUM	18ER 290	DATE SIGNE	ED (Month, Day, Wer)
30. NAME AND ADDRESS OF PERSON W	132. REGISTRAR'S SI	2434	Print)	BEL	VELSUS	A	NE SISI
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BALTIMORE, MARYLAND 21215-0020

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 5 hourd by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the fundral director, page 5 should be detached for use as the bunial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Hem 28 is marked, or Hem 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

R ATF	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
GISTRAR	CERTIFICATE OF DEATH	REG. NO.

FOR 1 - STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND I	MENTAL HYGIENE REG. NO.	1 10410
1. DECEDENT'S NAME (First, Middle,	WOLFESILV	ER		2. DATE OF DEATH MONTH DAY	YEAR 930 PM
4. SOCIAL SECURITY NUMBER 214-40-4247 99. FACILITY NAME (If not institution,	1 🗆 M 2 💢 F	83 YRS. MON	INDER 1 YEAR IF UNDER 24 HRS, THS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF DE	7. DATE OF BIRTH (Month, Day, Year) 7/5/1907	6. BIRTHPLACE (State or Foreign Country) MARYLAND COUNTY OF DEATH
	GHTS AVE., APT		BALTIMORE		
	OUNTY		WN OR LOCATION BALTIMORE		10d. INSIDE CITY LIMITS? 1 12 YES 2 NO
10e. STREET AND NUMBER			10f. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?
7000 PARK HEIG 11. MARITAL STATUS 1 Never Married 2 Married 3x Widowed 4 Divorced	12. WAS DECEDENT EVER	IN U.S. ARMED	21215 13. WAS DECENDENT OF HISPAN If yes, specify Cuben, Mexica 1 VES 2 NO Specify	n, Puerto Rican, atc.)	USA 14. RACE — American Indian, Black, White, etc. Specify: WHITE
15. DECEDENT' (Specify only highes		16a. DECEDENT'S USU. (Give kind of work of life. Do NOT use reti	done during most of working	16b, KIND OF BUSINESS	INDUSTRY
Elementary/Secondary (0-12)	College (1-4 or 5+) 5+	TEACHE		BALTIMO	RE CITY SCHOOLS
17. FATHER'S NAME (First, Middle, La CHARLES WOLF	st)	TIMONE	18, MOTHER'S NA	ME (First, Middle, Malden Surnam GOLDIE GORDOL	
190, INFORMANT'S NAME (Type/Print MRS . ROSE GESH			RESS (Street and Number of Rural I		LTO., MD 21209
20s. METHOD OF DISPOSITION 15 Burlel 2 Cremation 3 Donation 5 Other Process 21. SIGNATURE OF CHERAL SERVICE.	A, or complications that caus	ob. PLACE AND DATE OF of cemetary, crematory or or BETH TFILC	ther place) H 7/4/ 22. NAME AND ADDRESS OF FA SOL LEVINSO 6010 REISTERS	ON & BROS., INC	LTO., MD 21215
immediate Cause (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	c. CARL DUE TO (OR AS	A CONSEQUENCE OF:	dio vascular y and Atu	e descense al femilla p	Interval Between Onset and Deat
PART II. Other significent con	ditions contributing to death	but not resulting in the	e underlying cause given in	Part I. 24a. WAS AN AUTOF PERFORMED? 1 YES 2 11-400	AWAILABLE PRIOR TO
25. WAS CASE REFERRED TO MEDI EXAMINER?	HOSPITAL:	01	26. PLACE OF DEATH (Ch	eck only one)	
25. WAS CASE REFERRED TO MEDI EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending Investig		repetient 3 DOA 4	Nursing Home 5 Residence	6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY	OCCURED
	tot bill building, etc. (St	RY — At home, farm, stree pecify)	t, factory, office	28f. LOCATION (Street and Null City or Town, State)	mber or Rural Route Number,
contact only	PHYSICIAN: To the best of my knot (AMINER: On the best of examinat				s stated. to the cause(s) and menner as stated.
Toketh Oz	Milliaun	2115	29c. LICENSE NUI	053	7-3-91
	ON WHO COMPLETED CAUSE OF I		5 84D Coun	or Ro. BAC	cro. Hd. 2120
1111 9 1	991 Let Kingle				

212-09-0963	Specify: WHITE
12101 GARRISON FOREST RD. OWINGS MILLS	BALTIMORE 10d. INSIDE CITY LIMITS? Y YES 2 NO N OF WHAT COUNTRY? RACE — American Indian, Black, White, stc. Specify: WHITE
MARYLAND BALTIMORE OWINGS MILLS 100. STREET AND NUMBER 12101 GARRISON FOREST RD. 11. MANTAL STATUS 11. MANTAL STATUS 11. MANTAL STATUS 12. MANTAL STATUS 13. NAS DECEMBENT OF HISPANIC ORGANY (Specify Van or No — 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	LIMITS? YES 2 NO N OF WHAT COUNTRY? RACE — American Indian, Black, White, stc. Specify: WHITE
11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 12. WAS DECEDENT STATUS 13. WAS DECEDENT OF MISPANIC ORIGINAT (Specify Vas or No - 1 VES 2 NO NO NO NO NO NO NO	RACE — American Indian, Black, White, etc. Specify: WHITE
1 VES 2 NO Specify:	Specify: WHITE
Sequentielly list conditions, if any, leading in death) LAST Due to (or as a consequence of):	TRY
MORKIS SNOTER 19b. MALLING ADDRESS (Street and Number or Filtral Route Number, City or Fown, Stefe, 250 C 12101 GARRISON FOREST RD. OWINGS M: 200, MCTHOD OF DISPOSITION 1	
MRS. ARLENE BLOOM 12101 GARRISON FOREST RD. OWINGS M. 20e, METHOD OF DISPOSITION Name DATE 20e, LOCATION — CI 20e, METHOD OF DISPOSITION 1	4.1
SOL LEVINSON & BROS / . INC . 6010 REISTERSTOWN RD . BALTX 23. PART Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest phock, or heart feliure. List only one cause on each line. IMMEDIATE CAUSE (Fine) Immediate cause or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): The supplication of the supplication of the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1	LLS, MD 21
Sequentially list conditions, if smy, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):	
That initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST d. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. PART II. Other algnificant conditions contributions cause given in Part I. PART II. Other algnificant condition	Interval Bett Onset and D
PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 26. PLACE OF DEATH (Check only one) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Dey, Year) 28d. DATE OF INJURY WORK? 28d. DE\$CRIBE HOW INJURY OCCU	
27. MANNER OF DEATH 28e. DATE OF INJURY (Month, Dey, Year) 28b. TIME OF INJURY AT WORK? 1 Natural 5 Pending	24b. WERE AUTOPSY FIND ANALABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO
27. MANNER OF DEATH 28s. DATE OF INJURY (Month, Day, Year) 28s. TIME OF INJURY AT WORK? 1 Describe How INJURY OCCU	100
2 Accident Investigation M 1 YES 2 NO	RED
2 Accreent 3 Suicide 6 Could not be determined 28a. PLACE OF INJURY — At home, ferm, street, factory, office building, etc. (Specify) 28b. PLACE OF INJURY — At home, ferm, street, factory, office City or Town, State)	Rural Route Number,
296. CERTIFFIER (Check only one) 1 CERTIFFING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the firms, data and place, and due to the	
296. SIGNATURE AND TITLE OF CENTIFIER 296. LICENSE NUMBER 022782 296. LICENSE NUMBER 022782 296. LICENSE NUMBER 022782 296. LICENSE NUMBER 022782	cause(a) and manner as stat

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burian be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at ones.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED BY FUNERAL DIRECTOR

100 31055 10 10 91 7184 55

1 - STATE REGISTRAR	STATE OF MARY			OF DEATH		NTAL HYGIENE REG. NO.	06 5	9 91 PLA
1. DECEDENT'S NAME (First, Middle, Last)		02		0. 027	2.1	DATE OF DEATH	YEAR	3. TIME OF DEATH A.
MIMI SAC	NUELSON				100	T BAY	91	09:25 M
4. SOCIAL SECURITY NUMBER		(In yrs. lest birthday)	IF UNDER 1 Y		HRS. 7. C	OATE OF BIRTH (Month, Day, Year)		TTHPLACE (State or Foreign untry)
058-14-3096	1 M 2 PF	N YRS.				0-10-19		ENNSYLVANIA
9a. FACILITY NAME (If not institution, give s	treet and number)			OWN OR LOCATION			9c. COUNTY OF	DEATH
RESIDENCE OF DECEDENT	pital, Inc		bal	to. WI).			
10a. STATE 10b. COUNTY			Y, TOWN OR I					10d. INSIDE CITY LIMITS?
MD.		Bo	altin	us 1	WD.	A	. 18	1 X YES 2 NO
10e. STREET AND NUMBER		APT.	401	101. ZIP CODE	36.			F WHAT COUNTRY?
1190 W. Wort		way		212				SA
11. MARITAL STATUS 1 ☐ Never Married 2 ☐ Married 3 ☑ Widowed 4 ☐ Divorced	12. WAS DECEDENT EVER FORCES? 1 VES IF YES, GIVE WAR OR	2 XNO	If y	es, specify Cuban,		RIGIN? (Specify Yes or serto Rican, atc.)	81	ACE — American Indian, ack, Whita, atc.
15. DECEDENT'S EDU- (Specify only highest grade		16a. DECEDENT'S	work done duri	JPATION ing most of working		16b. KIND OF BUSIN	ESS/INDUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	ise retired.)		- 11	3.00	HOME	
	1	поо	SEWIFE					
17. FATHER'S NAME (First, Middle, Last) SAMUEL ENGELI	IAN				JE.		COBS	
199. INFORMANT'S NAME (Type/Print) MR. JAMES KRAMON	J					Number, City or Town, CHARLES ST		FLR. #21201
20s METHOD OF DISPOSITION 1 A Surial 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	BALTIMO	SITION (Name	of cometery, cremate			ISTERS	Town, State TOWN, MD
21. SIGNATURE OF FUNERAL SERVICE LI	ENSEE 10		22. NA	ME AND ADDRESS	OF FACILITY	ry		
* Aydney b.	Stille	du		10 REIST			INC. BALTO.	, MD 21215
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE O	gran	Hore	Cel	U Genc	ER	
resulting in death) LAST	d							
PART II. Other significant condition	e contributing to death	but not resulting	In the unde	erlying ceuse glu	ven in Par	1 I. 24a. WAS AN AN PERFORM	ED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? 1 YES 2
25. WAS CASE RIJEPHED TO MEDICAL EXAMINER?				26. PLACE OF DEA	ATH (Check o	only one)		
1 YES 2 HO	HOSPITAL:	ripationt 3 🗆 DOA	OTHER:	g Home 6 🗆 Resi	dence e 🗆	Other (Specify)		
27. MANNER OF DEATH 3 Netural 5 Pending investigation	26a. DATE OF INJUR (Month, Day, Year		JURY	Sc. INJURY AT WORK?		d. DESCRIBE HOW IN.	JURY OCCURED)
2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S)	RY — At home, farm, pecify)	street, factory	, offica	26	I. LOCATION (Street an City or Town, State)	d Number or Rui	ral Route Number,
and and	ICIAN: To the best of my know.							se(s) and manner as stated.
296. SIGNATURE CHO TITLE OF CERTIFIE	0 >	5_		29c. LICEN	SE NUMBER	50	29d. DATE SIGN	NED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W	O COMPLETED CAUSE OF	DEATH (ITEM 27) (7)0	-VA	ele	ins	D. C	HILDEL	ENUS A.TAA
31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIG		VITI	1	101	1 7 1	MCS	TIME
1111 9 1991	fully Savidson-M	andall.						

urs after death, Page 6 may be retained by the hospital or attending physician.	certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should in the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	edical examiner must be notified at once.	
TO THE HOSPITAL OF ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the I be filed within 72 hours after death with the State Dept. of Health and Mental Hygiens prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND CERTIFICATE OF DEATH	MENTAL HYGIENE REG. NO.
Simpkins	2. DATE OF DEATH DAY

	1 - FOR STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM			MENTAL HYGIENE		
	1. DECEDENT'S NAME (First, Middle, Last)	impkins				2. DATE OF DEATH MONTH DAY	۹۱	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 248-2801902	TEM 2 F 7	O YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	s Sã	RTHPLACE (State or Foreign supply) Lludia, S.C.
20	SINAI HOSP RESIDENCE OF DECEDENT	ITAL	91		IPORT		MD COUNTY C	F DEATH
DINECTOR	10a. STATE 10b. COUNTY			own or loc Ltimor				10d. INSIDE CITY LIMITS? 1 X YES 2 NO
EHAL	10a. STREET AND NUMBER 3806 Fordleigh Ro	ad Apt.A		1	21215			USA
DI LON	11. MARITAL STATUS 1 Never Married 2 Married 3 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 ☐ YES IF YES, GIVE WAR OR DA	2 XNO	If yes, t	CENDENT OF HISPAN pecity Cuben, Mexica S 2 NO Specify			NACE — American Indian, Black, White, atc. SpeciBlack
PLEIEU	15. DECEDENT'S EDUC. (Specify only highest grade of Elementary/Secondary (0-12)	ATION completed) College (1-4 or 5+)	16a. DECEDENT'S US (Give kind of work life. Do NOT use of	done during n	nost of working	166. KIND OF BUS	iness/industr	
DE COMP	17. FATHER'S NAME (First, Middle, Lest) Jerome Simp	okins			16. MOTHER'S NA	ME (First, Middle, Meiden 1ana	Surname)	
2	Henrietta B. S		3806	Fordl	eigh Road			e.MDM. 21215
	20s. METHOD OF DISPOSITION FS Burlel 2 Cremetion 3 Remo 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE	r	PLACE AND DATE OF THE PROPERTY OF MEMOI	Pial P	ark AND ADDRESS OF FA	Balt	imore,	Maryland
1000	23. PART Lefter the diseases, or co	O LUA	the deeth. Do not	4600	Liberty	t & Son Fu <u>Heights Av</u>	enue 2	
	shock, or hear fellure. L	ist Dniy one cause on e	c arre	st				Interval Between Onset and Death
S	Sequentially list conditions, if any, leading to immediate	heart f	CONSEQUENCE OF):	und !	iver G	rehosis		
HILLCALION	ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE OF):					
AL CEP	PART ii. Other significent conditions	contributing to death be	ut not resulting in	the underly	ng cause given in	Part I. 24a. WAS AN		24b. WERE AUTOPSY FINDINGS
HYSICIAN: MEDICA						1 TYES 2		AVAILABLE PRIOR TO COMPLETION OF CAUSE OF GEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. THER:	PLACE OF DEATH (C)	neck only one)		
α,	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	1 No Inpetient 2 ER/Outp 28e. DATE OF INJURY (Month, Day, Year)	28b. TIME (F 28c. I	nury AT vork? YES 2 NO	8 Other (Specify) 28d. DESCRIBE HOW I	NJURY OCCURE	ED
ED BY	2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec	At home, farm, stre	et, factory, of	lice	28f. LOCATION (Street of City or Town, State)	and Number or R	ural Route Number,
COMPLEIED	CONSCR DINY	CIAN: To the best of my knowl R: On the basis of examination						use(a) and manner as stated.
O BE	29b. SIGNATURE AND TITLE OF CERTIFIER A ROWN	M.D.			29c. LICENSE NU	MBER	29d. DATE SIG	INED (Month, Day, Year)
	30. NAME AND ADDRESS OF PERSON WHO	hoan In	ATH (ITEM 27) (Type, P	int)				
	31. DATE FILED (Month, Day, Year)	June Davidson	-Randell					

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

REGISTRAR I. DECEDENT'S NAME (First, Middle, Last)					2 DATE	OF DEATH			3. TIME OF DEATH
JEFFREY		STAC	HOWSKI		MONT 06	H D	8 1	991	11:30
. SOCIAL SECURITY NUMBER	5. SEX 6. AGE	(In yrs. last birthday)		IF UNDER 24 HRS.	7. DATE	OF BIRTH		6. BIRTH	PLACE (State or Foreig
	1 M 2 D F	20 YRS.	MONTHS DAYS	HOURS MIN.	10-	02-70		MAR	YLAND
De. FACILITY NAME (If not institution, give	street and number)		9b. CITY, TOWN C	R LOCATION OF DE	EATH		9c. COUNT		
1201 SOUTH ELLW	OOD STREET		BALTI	MORE			BAL	TIMO	ORE
10e. STATE 10b. COUNT	TY		TY, TOWN OR LOCAT	ION					10d. INSIDE CITY
IARYLAND		BA	LTIMORE						1 YES 2 NO
100. STREET AND NUMBER	25 AVENUE			ZIP CODE				EN OF V	VHAT COUNTRY?
1201 S. ELLWO	DD AVENUE	IN II S ADMED		21224 ENDENT OF HISPAN	HIC OBIGI	M2 (Casally Va	USA	14 DACE	— American Indian.
Never Married 2 Married Wildowed 4 Divorced	FORCES? 1 YES	2 NO	If yes, sp	2 X NO Specify	in, Puerto		G 110-	Speci	k, White, etc.
15. DECEDENT'S ED	UCATION	184 DECEDENT	S USUAL OCCUPATION	ON .	161	b. KIND OF BU	SINESS/INDI	WHI	I E
(Specify only highest grad Elementary/Secondary (0-12)	(le completed) Coffege (1-4 or 5 +)	(Give kind of	f work done during mo	st of working	100	L KIND OF BU	JATE GO / INDI	Inio	
,,	2000 20 (1.4 20 0.4)	HAND	ICAPPED						
17. FATHER'S NAME (First, Middle, Last)	1011014			16. MOTHER'S NA					
	HOWSKI			LORETT		PARKE			
19. INFORMANT'S NAME (Type/Print) 1R. &MRS R. ST	ACHOWSKI	196. MAILIN	S . FLL	WOOD AV					21224
20a. METHOD OF DISPOSITION	. 20	0b, PLACE ANO OA	TE OF DISPOSITION	(Name	OAT		CATION — C		
1 ☑ Buriel 2 ☐ Cremation 3 ☐ Red 6 ☐ Donation 6 ☐ Other (Specify)	movel from State	cemetary, cremato	NISL'AUS	CEM. 7	7-3-		LTO.		-
PL SIGNATURE GEFUNERAL SERVICE L									
	ICENSEE		22 NAME A	D ADDRESS OF FA	CILTY	FRAI	HOME		
23. PART I. Enter the diseases, or	complications that cause. List only one cause on	each lina.	2525 not enter the mo	da of dying, auc	STRE	ET BA	LTO.	MD	21224 Approximate Interval Betwoen and D
23. PART I. Enter the diseases, or shock, or heart feilure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	complications that cause. List only one pause on DUE TO (OR AS b.	each lina.	2525 not enter the mo	FLEET S	STRE	ET BA	LTO.	MD	Approximate interval Betv
23. PART I. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions,	a. CARDIOMYC DUE TO (OR AS	PATHY CONSEQUENCE	2525 Once enter the model of t	FLEET S	STRE	ET BA	LTO.	MD	Approximate interval Betv
23. PART I. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. CARD I OMYC DUE TO (OR AS C. OUE TO (OR AS d.	PATHY CX A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	2525 Once enter the model of t	FLEET S da of dying, auc	STRE	DYSTRO	ALTO.	MD	Approximate interval Betwoen and D Onset a
23. PART I. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARD I OMYC DUE TO (OR AS C. OUE TO (OR AS d.	PATHY CX A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	2525 Once enter the model of t	FLEET S da of dying, auc	STRE	ET BA	ALTO.	MD	Approximate Interval Betwoen and D
23. PART I. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. CARD I OMYC DUE TO (OR AS C. OUE TO (OR AS d.	PATHY CX A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	2525 Once enter the model of t	FLEET S da of dying, auc	STRE	DYSTRO	ALTO.	MD	Approximate interval Betwoen and D Onset a
23. PART I. Enter the diseases, or shock, or heart feilure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications that cause. List only one cause on a. CARDIOMYC DUE TO (OR AS b. DUE TO (OR AS c. OUE TO (OR AS d. One contributing to death	PATHY CX A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE	2525 OMPLICATI OF): OF): 26. Pi	FLEET S da of dying, auc	Part i.	DYSTRO	ALTO.	MD	Approximate interval Betwoen and D Onset a
23. PART I. Enter the diseases, or shock, or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury thet initiated events reaulting in death) LAST PART II. Other algnificant conditions algorithms in death in the conditions of the condition	complications that cause. List only one cause on a	PATHY CA A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	2525 not enter the mo DMPLICATI OF): OF): OF): 26.P! OTHER: 4 □ Nursing Hom	TLEET S da of dying, auc NG MUSCU g cause given in	Part i.	DYSTRO	ALTO.	M D	Approximate interval Betwoen and D Onset a
23. PART I. Enter the diseases, or shock or heart failure iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other algnificant conditions and conditions in death and conditions in the condition	complications that cause on List only one cause on B	A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting	2525 not enter the mo DMPLICATI OF): OF): OF): g in the underlyin 26. Pi OTHER: 4 □ Nursing Loin NURY WK	G ACE OF DEATH (CA	Part i.	DYSTRO	ALTO.	M D	Approximate interval Betwoen and D Onset a
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23. PART I. Enter the diseases, or shock or heart failure immediate CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events reaulting in death) LAST PART II. Other significant conditions in death in the conditions in death in the conditions i	Complications that cause List only one pause on a CARD I OMYC DUE TO (OR AS b. DUE TO (OR AS c. OUE TO (OR AS d. ONE TO (A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE A CONSEQUENCE but not resulting stpatient 3 DOA 28b. T	2525 not enter the mo DMPLICATI OF): OF): OF): OF): OF): OF): A Unusing Hon NURY M 1	da of dying, auc NG MUSCU G cause given in LACE OF DEATH (CA	Part i.	24a. WAS APPERFO	A AUTOPSY RMED? 2 NO	A Dest,	Approximate Interval Betwons and Donaet and
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DIVISION OF VITAL RECORDS, P.O. BOX 68760, TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires the the death certificate be executed within 2-flours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been someony the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should be filled within 72 hours after death with the State Dept. of Hearth and Mental Hygiens prior to burial, cremation, or removal. IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9

	REGISTRAR		CEF	RTIFIC	ATE OF	DEATH	REG.	NO.		
			Α.	Sca	lio		-	4/1991		3. TIME OF DEATH
1	216-03-0094	1 € M 2 □ F	E (In yrs. lest bi	YRS.	UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTI (Month, Day, Ye 2/6/:	1909	Mai	ryland
TOR	9e. FACILITY NAME (If not institution, give stre- North Arunde]		1			Burnie,			A . A	A.Co.
DIREC	10e. STATE 10b. COUNTY Maryland				o . Mar					10d. INSIDE CITY LIMITS? 1 X YES 2 NO
FUNERAL DIRECTOR	100. STREET AND NUMBER 136 E.Clemer	nt St.				21230		10g. CIT	USA	THAT COUNTRY?
BY FUN		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	D	II yes, sp	ENDENT OF HISPAN ecify Cuben, Mexica 2 NO Specify	n, Puerto Ricen, etc		14. RACE Black Specifi	- American Indian, , Whita, etc., y: White
COMPLETED	15. DECEDENT'S EDUCA (Specify only highest grade or Elementary/Secondary (0-12)		(Give	kind of work o NOT use re	AL OCCUPATE done during me ired.)	st of working	# 1750	F BUSINESS/IN		- 5
MPL			Pro	duce	Mana			. & P	. Co	•
8	17. FATHER'S NAME (First, Middle, Last)		0 -	. 1			ME (First, Middle, M		Bals	3 m O
BE	Giaco	oma		alio	DECC (Complete	Santa and Number or Rural				alilo
٩	Mrs.Emma Scalio					ent St.				
	20s. METHOD OF DISPOSITION XXSurisi 2 Cremation 3 Ramov 4 Donetion 5 Other (Specify)		20b. PLACE AN of cernetary, cr LOUGO			(Name metery		Balto		
	21. SIGNATURE OF FUNERAL SERVICE LICE	Maylon	,			ND ADDRESS OF FA	В	alto.		1230 .Fort Ave
CERTIFICATION	Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	S A CONSERU	ENCE OF):	rect	Info	tion			
MEDICAL	PART II. Other significant conditions Al Van	contributing to death		_	ha underlylr	g cause given in	PI	AS AN AUTOPSY ERFORMED? VES 2 NO	24b.	WERE AUTOPSY FINDINGS AMALIABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
CIA	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		10	26. F	LACE OF DEATH (C)	neck only one)			
PHYSICIAN:		28a. DATE OF INJUI (Month, Day, Yea	RY	DOA 4	Nursing Hotel	JURY AT DRK? YES 2 NO	6 Other (Specification of the Control of the Contro	.,	CCURED	
TED BY	2 Accident Investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJU building, etc. (S	URY — At home Specify)	e, farm, stre			281. LOCATION (S City or Town,	Street and Numb State)	or or Rural F	Toute Number,
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSIC MEDICAL EXAMINER	_								a) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER	man	m	0		DA3	MBER /	•	7/	(Month, Day, Year)
5	JON GOVMAN	CDMPLETED CAUSE DF	70(Rita	his H	my 5	Len Ba	spring	e del ria
	JUL 09 1991	Juna David	JONATURAN	delle			7			,

HE HOSY IN THE TRANSICIAN: The law requires that the death certifully HE FUNE ALL UITET ALL After this certificate has been signed by the affecting of within The Cate Deby. Of Health and Mental Hygie of within The Cate Deby. Of Health and Mental Hygie of the Cate Deby.	TO THE HOST IN THE LINE CHASICIAN. The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital TO THE FUNK MILL URE CHAST After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to filled within 72 must after death with the State begin of Health and Mental Hydren prior to burdle, or removal, or removal.
P P P P	F F D .

REGISTRAR		CERTIF	ICATE OF	DEATH	REG. NO.		
1. DECEOENT'S NAME (First, Middle, Last)	Harris (Salaan	nAli		2. DATE OF DEATH DO	-96-9	3. TIME OF DEATN I
4. SOCIAL SECURITY NUMBER 157-46-0015	5. SEX 6. AGE	(In yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Day, Year) 01-23-53		BIRTNPLACE (State or Foreign Country) ew Jersey
9a. FACILITY NAME (If not institution, give st. Union Memor:		L		on Location of DE	ATH	9c. COUNTY	- 4/
RESIDENCE OF DECEDENT					**	0110	
Maryland 10b. county		Bal	timore	City			10d. INSIDE CITY LIMITS? 1 YES 2 NO
100. STREET AND NUMBER 2101 Boone	Street		10	21218			of what country? ed States
11. MARITAL STATUS 1 Never Married 2 Married 3 Divorcad	12. WAS DECEDENT EVER FORCES? 1 YES IF YES, GIVE WAR OR	2) (10	If yes, s	CENDENT OF HISPAN pecify Cuban, Maxica S 2 NO Specify		s or No 14.	RACE — American Indian, Black, White, atc. Specify: NEGROID
15. DECEDENT'S EDUC (Specify only highest grade Elementary/Secondary (0-12)	CATION completed) College (1-4 or 5 +)	16a. OECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPAT work done during m ise retired.)	ION lost of working	16b. KIND OF BU		TRY
7711	none	Supe	rvisor		Cleani	ng Co	mpany
17. FATHER'S NAME (First, Middle, Lest) Robert Harri	s				ME (First, Middle, Maiden ta Wade	Surname)	
19a. INFORMANT'S NAME (Type/Print) Delores Ander	son				Aoute Number, City or Tow Ltimore,		1218
20a. METHOD OF DISPOSITION 1 M Buriel 2 Cremation 3 Remo		Ob. PLACE AND OAT		tery 7/8	OATE 20c. LO B/91 Bal		or Town, State
21. SIGNATURE OF FUNERAL SERVICE LIC		o de	Cal	AND ADDRESS OF FA	cruggs I	unera	
23. PART I. Enter the diseases, or o shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one cause on	esch line.	(;	Sepsis)	n as cardiac or resp	iratory streat	Approximate Interval Betwee Onset and De
Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	DUE TO (OR AS	A CONSEQUENCE OF	OF): UNE (]	Liver fa	ailure) diomyopat	ala ar l	
PART II. Other significent condition						7.1	24b. WERE AUTOPSY FINDIN
(Anemia, Rena	-	Failur)	-0		1 YES :		AVAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSBITAL		·	PLACE OF DEATH (Ch	neck only one)		
1 TYES 2 PNO	HOSPITAL: 1 inpetient 2 inpeti			me 5 🗆 Residence	8 Other (Specify)		011
27. MANNER OF OEATN 1 Natural 5 Pending 2 Accident Investigation	28a. OATE OF INJUR (Month, Day, Year		W YRULI	YURY AT YORK? YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCUP	RED
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJU building, atc. (S)	RY — Al home, farm, pecify)	, street, factory, off	lice	281. LOCATION (Street City or Town, State		Rural Route Number,
anal .	CIAN: To the best of my know.						ause(a) and manner as stated
OAY)						T	
296. SIGNATURE AND TITLE OF CENTIFIED	GM			29c. LICENSE NU	of HOLE STAFF	29d, DATE S	IGNED (Month, Day, Year)
296. SIGNATURE AND TITLE OF CENTIFIES 30. NAME AND GOODEST OF PERSON WH	MD			Residen	HOLESTOFF MD Unio	> "	1/6/91

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item 23 shows any injury, or other

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marked.

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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

NO 32. REGISTRAR'S SIGNATURE

Lilia Davidson Randelle

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18420 FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 -**CERTIFICATE OF DEATH** REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH MONTH 3. TIME OF DEATH as SERVADINE DM 7. DATE OF BIRTH (Month, Day, Meer) 8. BIRTHPLACE (State or Foreign Country) Marie Wear 5. SEX 6. AGE (In yrs. lest birthday, IF UNDER 1 YEAR 4. SOCIAL SECURITY NUMBER IF UNDER 24 HRS. DAYS HOURS 25 1 M 2 7 9a. FACILITY NAME (If not institution 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR ham 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10d, INSIDE CITY LIMITS? MD MILL 1 YES 2 NO BALTI MORE OWINGS FUNERAL 10a. STREET AND NUMBER 10f. ZIP CODE 10g, CITIZEN OF WNAT COUNTRY? CT USA MISS 21117 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yea or No—If yee, specify Cuben, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 14. RACE — American Indian, Black, White, etc. 11. MARITAL STATUS FORCES? 1 YES 2 1 Never Married 2 Married Specify BY 3 Widowed 4 Divorced WH COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION pecify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY (Spe Elementary/Secondary (0-12) College (1-4 or 5+) TEACHER 18. MOTHER'S NAME (First, Middle, Maiden Surname) 17. FATHER'S NAME (First, Middle, Lest) W MARTHA BRING WILLIAM HOLLAR BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Yown, State, Zip Code) 2 DALE SCHNEPF M155 OWINGS MILLS MD 21117 20s_METHOD OF DISPOSITION
1 Burlei 2 Cremetion 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Nat 20c. LOCATION - City or Town, State 7/3/9 BALT MD CEMET AWN 21. SIGNATURE OF FUNERAL SERVICÉ LICENSEE MAME AND ADDRESS OF FACILITY BALT, ND 21222 PT.RD Colt 23. PART I. Enter the diseases, or complications that caused the death, to not enter the mode of dying, such as cerdiac or respiratory street, shock, or heart feiture. List only one cause on each line. Approximate Interval Between Onset and Death IMMEDIATE CAUSE (Final diseese pr condition DUE TO (OR AS A CONSEQUENCE OF): resulting in death) DUE TO (OR AS A CONSEQUENCE OF): Decubolus ? cellulih MEDICAL CERTIFICATION Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO Alzhornes COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO 1 - YES 2 - 40 PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one) HOSPITAL: **EXAMINER?** OTHER: 1 | YES 2 | NO 1 | Inpetient 2 | ER/Outpetient 3 | DOA # Nursing Home 5 Residence 5 Other (Specify) 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28d. DESCRIBE HOW INJURY OCCURED 28c. INJURY AT WORK? 28b. TIME OF 1 Natural 5 Pending M 1 YES 2 NO BY 2 Accident 25e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 251, LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 5 Could not be determined COMPLETED 4 Homicide 29a. CERTIFIER

1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the basis of axamination and/or investigation, in my opinion, 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE C 5062 . 2 2

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TO BE COMBILETED BY BUYGICIAM: MEDICAL CEBTIFICATION	
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical exam	
the field within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	
TO THE FUNE FUNE DIRECTOR After this centificate has been signed by the attending physician and completely filled in by the fune	
TO THE HISPITAL OR ATTENDING PRESIDIAN. The law requires that the death certificate be executed within 24 hours after death	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	
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O'NEAL TONER	IR C LACE AND DATE OF letary, crematory or of DEN PA The death. Do not a nine. CONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): ONSEQUENCE OF): At home, farm, stree gs, death occurred at	RESS (Street and Number or Run RAMBLING DISPOSITION (Name ther place) 22. NAME AND ADDRESS OF CONNELLY FU 7/10 SOLLER enter the mode of dying, a 1.	In Part I. 24a. WAPEL 1 YE (Check only one) 28d. DESCRIBE H 28f. LOCATION (S) City or Town, sidue to the cause(a) and that time, data and place	THE TOWN, State, Zip Co	ATONSVILL y or Town, State MD DUNDALK 3ALT MD 212 t, Approximate interval Beauty Onset and De LUCIAN AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 PAO RED Rural Route Number,
O'NEAL TONER val from Stata 20b. PL of cem purifications that cause of the lat only one ceuse on each DUE TO (OR AS A CC	IR C LACE AND DATE OF letary, crematory or of DEN PA The death. Do not a fille. INSECUENCE OF: ONSECUENCE OF: ONSECUENCE OF: ONSECUENCE OF: ONSECUENCE OF: ONSECUENCE OF: At home, farm, stree	RESS (Street and Number or Run RAMBLING DISPOSITION (Name ther place) 22. NAME AND ADDRESS OF CONNELLY FU 7/10 SOLLER enter the mode of dying, a 1	In Part I. 24a. WA. PEI (Check only one) 28d. DOSCRIBE H (Chy or Town, See See See See See See See See See Se	THE TOWN, State, ZIP CO	ATONSVILL ATONSVILL YOR TOWN, State MD DUNDALK SALT MD 212 t, Approximate interval Between Onset and De Victoria Company AMALABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 MO RED Rural Route Number,
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		18. MOTHER'S	2.1		BAIL
College (1-4 or 5+)	SECRE	red.)			
ATION 16a	a. DECEDENT'S USU	tione during most of working	16b, KIND OF	BUSINESS/INDUS	WHITE
FORCES? 1 YES 2	NO	If yes, specify Cuban, Max	ican, Puerto Rican, atc.		Black, White, etc. Specify:
ST.	C	100000000000000000000000000000000000000	24	10g. CITIZER	S A
TIMORE					1 YES 2 NO
	10c, CITY, TO	WN OR LOCATION		I GAL	TIMORE 10d, INSIDE CITY
oet and number)	9b.	CITY, TOWN OR LOCATION OF		9c. COUNTY	
S. SEX 6. AGE (In yr			(Month, Day, Yea	, , , , ,	BIRTHPLACE (State or Foreign Country)
Hours MI	ARY E	STONER	2. DATE OF DEATH	DAY OF	3. TIME OF DEATH
	TIMORE 12. WAS DECEDENT EVER IN U. FORCES? 1 YES	TIMORE 12. WAS DECEDENT EVER IN U.S. ABMED	TIMORE 10c. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION 10f. ZIP CODE 21.2 12. WAS DECEDENT EVER IN U.S. ADMED FORCES? 1 VES 13. WAS DECENDENT OF HISI If yes, specify Cuban, Max	MARY E, STONER 6. AGE (In yrs. last birthday) 78 YRS. 9b. CITY, TOWN OR LOCATION 10c. CITY, TOWN OR LOCATION	TIMORE 12. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2. NO 13. WAS DECEDENT EVER IN U.S. ABMED FORCES? 1 YES 2. NO 14. SEX

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TO THE HOSPITAL OF WITH TO THE FUNERAL DE filed within 72 nm TO THE IMPORTANT. If I mm 22 is

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FOR STATE REGISTRAR		ATE OF M		/ DEPAR CERTIF						REG. NO	E I		8422
1. DECEDENT'S NAME (First, Middle									2. DATE	OF DEATH	AY 1	954	3. TIME OF DEATH 6:42 P
JAQUELINE F					1						9.47561		
213-36-5299	5. SE	M 2XXF	6. AGE (In yrs. 52	YRS.	IF UNDER	DAYS	HOURS	MIN.	(Month	DE BIRTH 9/ Day, Year)	14/ <i>3</i> 8 1	Count	PLACE (State or Foreign ry) YLAND
90. FACILITY NAME (If not institution 3736 COLU		DR.				LTIN	OR LOCATION	ON OF DE	EATH		9c. COU	NTY OF D	EATH
RESIDENCE OF DECEDE 10e. STATE 10b.	COUNTY			T 40- 00	ry, TOWN C	20.1004							10d. INSIDE CITY
MARYLAND	COUNTY			100. 01			MORE						LIMITS?
100. STREET AND NUMBER 2406 LOYOLA	COTIM	III.I A V				10	, ZIP CODE				10g. CIT		WHAT COUNTRY?
							2121				L	USA	
11. MARITAL STATUS 1 Never Merried 2 Merrie 3 Divorced	F	MS DECEDENT ORCES? 1 [YES, GIVE WA	YES 2	NO		If yes, sp	CENDENT O hecify Cuber 2 X NO	F HISPAI n, Méxica Specif	n, Puerto f	? (Specify Ye licen, etc.)	e or No—	Biac	E — American Indian, k, White, etc. //y: BLACK
15. DECEDEN (Specify only highe	IT'S EDUCATION	l sterft	16a.	DECEDENT'S	USUAL O	CCUPATI	ON net of workin	a a	16b.	KIND OF BU	SINESS/INI	DUSTRY	
Elementary/Secondary (0-12) 12YRS	Colle	oge (1-4 or 5+) 4 YRS)	B DR	retired.)		or or working	ry		CHEC	CKER	CAE	CO.
17. FATHER'S NAME (First, Middle,	-						100			fiddle, Maiden			
CALVIN FREE										HARDS			
9a. INFORMANT'S NAME (Type/Pr		C								er, City or Tow	100		21215
MRS CARLA D.	HICK	5)KT/	1				21215
20a. METHOD OF DISPOSITION 1 The Burlet 2 Cremation 3	☐ Removal fr	om plute	of cemeta	CE AND DAT	y or other p	place)			DAT		CATION —		
4 Donation 5 Other (Spec 21. SIGNATURE OF FUNERAL SER		1	CEDA	RHI						IABE0			
21. SIGNATURE OF FUNERAL SER	RVICE LICENSEE	1	1				ND ADDRES		IA				L HOMES
Camert	K.	Em	. W	-	25	501	GWYN	INS	FAL	LS PE	WY 1	${ t BALT}$	O MD 212
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	1 - FOR STATE REGISTRAR	E OF MARYLAND /		OF HEALTH AND	MENTAL HYGIENE REG. NO.		
	1. DECEDENT'S NAME (First, Middle, Last) FREDERICK	TAYLOR		577	2. DATE OF DEATH DAY	- 91	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 220-22-2866 1 № M		VRS. IF UNDER	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7, DATE OF BIRTIN (Month, Day, Year)	Cour	rHPLACE (State or Foreign aryland
CTOR	RESIDENCE OF DECEDENT	sville Hosp	0 . 1	TOWN OR LOCATION OF C		PHINCE	Glorge
DIRECTOR	MD 100. COUNTY	rd	5 AVA				10d, INSIDE CITY LIMITS? 1 YES 2 ND
ERAL	100. STREET AND NUMBER 8954 RIVEY 1.5	land Dr	ive	101. ZIP CODE 2 0 8	63	_	WHAT COUNTRY? S. A.
BY FUNERAL	11, MARITAL STATUS 12, WAS FORCE	DECEDENT EVER IN U.S. ARI DES? 1 YES 2 N S, GIVE WAR OR DATES	0 1	NAS DECENDENT OF NISPA I yes, specify Cuben, Mexic YES 2 NO Specific		or No- 14. RA	CE - American Indian, ck, White, atc.
COMPLETED	15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College High School	(1-4 or 8+)	cedent's usual of we kind of work done to NOT use retired.)	CCUPATION furing most of working	Concre	NESS/INDUSTRY	e Company
0	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S N	AME (First, Middle, Maiden S		
	James Taylor			Maggi	e Parker		
BE	19e, INFORMANT'S NAME (Type/Print)	19b	. MAILING ADDRESS		Route Number, City or Town,	State, Zip Code)	
2	Helen Chapman		462 Phe	lps Luck			, MD 21045
	20a, METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Removal from 4 Donation 5 Other (Specify)		crematory or other p	lace)		ATION City or	
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE	TALDU	Lus Memo	orial Par	ACIUTY Nutter	timore	Co,, MD
	+ Herber EM	utter.	2	501 Gwynn	s Falls P Maryland	arkway 2121	6 nomes
	23. PART I. Enter the diseases, or complications, or haart failure. List only immediate CAUSE (Final disease or condition resulting in death)		eth. Do not anter	the mode of dying, su	ch as cardiac or respir	atory arrest,	Approximate Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (DR AS A CONSECU	OUENCE OF):	Ardievas	Icular WW	taje	y-ears
MEDICAL C	PART II. Other algnificent conditions contrib	outing to death but not n	eculting in the ur	derlying cause given i	Part I. 24a. WAS AN PERFORI	MED?	4b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO 1 Inc.	ITAL.: LER/Outpatient 3	OTHE				
НУ		. DATE OF INJURY	28b. TIME OF	aling Nome 8 - Residence 28c. INJURY AT	8 U Other (Specify) 28d. DESCRIBE NOW IN	JURY OCCURED	
ВУ Р	1 Natural 8 Pending 2 Accident Investigation	(Month, Day, Year)	INJURY M	WORK? 1 YES 2 NO			
ED		b. PLACE OF INJURY — At hobuilding, atc. (Specify)	me, farm, street, fac	ory, office	28f. LOCATION (Street as City or Town, State)	nd Number or Run	of Route Number,
COMPLET	29e. CERTIFIER (Check only one) 1 CERTIFYING PNYSICIAN: To the						e(e) end manner ee stated.
TO BE C	29b. SIGNATURE AND TITLE OF CERTIFIER PENELLA MUSICAL	In Donos	medicamine	20c LICENSE N	352	29d. DATE SIGN	ED (Month, Day, Year) 2. —9/
	PANIA. DE CORE	WD 4203 (M 27) (Type, Print) OUPTHUL	bury Rd F.	14445011	e Ma	20181

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BALTIMORE, MARYLAND 21215-0020

1. DECEDENT'S NAME (First, Middle, Last)						7		2. DATE	OF DEATH	DAY	YEAR	3. TIME OF DEATH
Ernest A	. Tay:	lor, Jr						6		9 9		
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. las		IF UNDER			R 24 HRS.		OF BIRTH h, Day, Year)		8. BIRT	HPLACE (State or Foreign
216-03-8650	1 M 2 F	92	YRS.	MONTHS	DAYS	HOURS	MIN.	8	16	1898	1000	rvland
9e. FACILITY NAME (If not institution, give str	eet and number)			9b. CITY	TOWN	OR LOCAT	ION OF DI				NTY OF	
Villa St. Miche	aal Muu	reina C	ant	br	Ba 1	tim	ore					
	- 1101											1 2000 0 2000 0
10e. STATE 10b. COUNTY			10c, CIT	ry, town o	R LOCAT	TION						10d. INSIDE CITY LIMITS?
Maryland Ral	timore		He	refo						_		NO NO
					101	. ZIP COL	DE			10g. CIT	IZEN OF	WHAT COUNTRY?
17321 Big Fall:						111	-				SA	
11. MARITAL STATUS 1 Never Merried 2 Merried		T EVER IN U.S. AR							N? (Specify Y Rican, atc.)	es or No—	14. RAC Blec	E — American Indian, ck, White, etc.
3√ Widowed 4 □ Divorced	IF YES, GIVE	MAR OR DATES			YES	大学火	Specif	ly:			Spec	
15. DECEDENT'S EDUC	ATION	160 DE	CEDENTS	USUAL O	CHIPATI	ON		I 101	. KIND OF B	HEINESSINI	DUSTRY	Black
(Specify only highest grade of	completed)	(G	live kind of	work done (during mo	ast of work	ing		a rand or b	OUNTESSAIN	0001111	
Elementary/Secondary (0-12)	College (1-4 or 6		abo	× 0 ×								
17. FATHER'S NAME (First, Middle, Last)			abu	er	_	18. MO	THER'S NA	ME (First.	Middle, Maide	n Surname)		
Ernest A. Taylo	or Sr							1111				
19e. INFORMANT'S NAME (Type/Print)	OL / DI .		b. MAILING	3 ADDRESS	(Street a	and Numbe	er or Rural	Route Nun	ber, City or To	wn, State, Zi	p Code)	
William Harvey	Cr	1	722	1 Di	or E	-11	- D		TTeres	C 3	14	21111
20a. METHOD OF DISPOSITION	OI.	20b. PLACE	AND DAT				SR	DA.		OCATION —		aryland own State
1 Donation 5 Other (Specify)	val from State	of cemetary	cremator,	y or other p	lace)		_	1				
21. SIGNATURE OF FUNERAL SERVICE LICE	ENSÉE	Arbu	tus						2/91	Arn	17 4 17 (
				22.	NAME A	ND ADDR	ESS OF FA		,			
groy 91	arke	2						ACILITY '	F/H	170	1 M	cCulloh S
23. PART I. Enter the diseases, or c				С	hat	man	–Haı	rris		170 Bal	1 Mo	cCulloh Sore, Md21
23. PART I. Enter the diseases, or cahock, or heart fallure. L		use on each line	b.	not enter	hat the mo	man ode of d	—Haj ying, suo	rris		170 Bal	1 Mo	CCU110h Sore, Md21 Approximata Interval Between
ahock, or heart fallure. L IMMEDIATE CAUSE (Final disease or condition			b.	not enter	hat the mo	man ode of d	–Haı	rris		170 Bal	1 Mo	CCUlloh Sore, Md21 Approximata Interval Between
ahock, or heart failure. L IMMEDIATE CAUSE (Final	lat only one ca	use on each line	N	C not enter	hat the mo	man ode of d	—Haj ying, suo	rris		170 Bal	1 Mo	CCU110h Sore, Md21 Approximata Interval Between
ahock, or heart failure. I	lat only one ca	PIRATIO	N	C not enter	hat the mo	man ode of d	—Haj ying, suo	rris		170 Bal	1 Mo	CCU110h Sore, Md21 Approximata Interval Between
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AKHANI

7220

32. REGISTRAR'S SIGNATURE

ARK

TASNEEM

31. DATE FILED (Month, Day, Year)

DHMH-16 Rev 1/89

21208

MD

1 0 -43 notified at once. 2 must examiner medical the traumatic event, or other injury,

100

Po

7

DIRECTOR

FUNERAL

BY

COMPLETED

8

2

CERTIFICATION

PHYSICIAN: MEDICAL

BY

COMPLETED

2

marked,

60

MPORTANT: II

五五百

223

MD.

11, MARITAL STATUS

10e. STREET AND NUMBER

1 Never Merried 2 Married

3 Widowed 4 Divorced

Elementary/Secondary (0-12)

17. FATHER'S NAME (First, Middle, Last)

6502 PARK HEIGHTS AVE.

15. DECEDENT'S EDUCATION

(Specify only highest grade comp

MAX TASCH

-10

permit. Pages 1, 2, 3 should

10

45

Da

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 . **CERTIFICATE OF DEATH** 1. OECEDENT'S NAME (First, Middle, Last) GEORGE TASCH lasch SCORGE 6. AGE (In yrs, lest birthday 4. SOCIAL SECURITY NUMBER 5. SEX - 09-7978 DAYS HOURS 1 N 2 | F 9a. FACILITY NAME (If not institution, give street and number LEVINDALE HOME RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY

APT 1-B

12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO

IF YES, GIVE WAR OR DATES

College (1-4 or 5+)

REG. NO 2. DATE OF DEATH 3. TIME OF DEATH YEAR 840 1 A- M IF UNDER 1 YEAR | IF UNDER 24 HRS. 7. DATE OF BIRTH 6. BIRTHPLACE (State or Foreign MIN, -18 00 MISSISSIPPI 96. CITY, TOWN OR LOCATION OF DEATH BALTO 9c. COUNTY OF DEATH 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY BALTO. 1 XES 2 NO 101, ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21215 USA 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-14. RACE -- American Indian, Black, White, etc. If yes, specify Cuben, Maxican, Puerto Rican, etc.) 1 YES 2XXNO Specify: SWHITE 16a. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY US GOVERNMENT HOUSING DIRECTOR 18. MOTHER'S NAME (First, Middle, Maiden Surname) RAE UNKNOWN 19b. MAILINO ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 20c. LOCATION — City or Town, State DATE 7-8-91 BALTO., MD 22. NAME AND AGORESS OF FACILITY

19a. INFORMANT'S NAME (Type/Print) 6502 PARK HEIGHTS AVE. APT. 1-B BALTO., MD. 21215 MRS. BELLE TASCH 20a. METHOD OF DISPOSITION
1 ☐ Burial 2 [XCremation 3 ☐ Removal, from State 20b. PLACE AND DATE OF DISPOSITION (Name LOUDON rerPARKother place 4 Donation 5/ Other (Specify) _ 21. SIGNATURE OF FUNERAL SERVICE LICE SOL LEVINSON AND BROS.INC. KW 6010 REISTERSTOWN RD. BALTO., MD 21215 es, or complications that caused the death. Do not enter the mode of dying, auch as cardiac or respiratory arrest, 23. PART If Emer the dis-**Approximate** shock, or heaft failure. List only one cause on each line. Interval Between 6 **Onset end Death** IMMEDIATE CAUSE (Final disease or condition POSSIBLE STWA 12 Parct resulting in death) STOKIC DUE TO (OR AS A CONSEQUENCE OF): CAMIOVAGUELA TERNO SCLEROTIC DISCASSIA MEAL Sequentially ilst conditions, DUE TO (OR AS A CONSEQUENCE OF): if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury OUE TO (OR AS A CONSEQUENCE OF): that initiated events resulting in deeth) LAST PART II. Other significent conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO OF DEATH? 1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) OTHER: HOSPITAL: 1 YES 2 AND 1. Inputient 2 - ER/Outputient 3 - DOA ng Home 5 🗆 Residence 6 🗀 Other (Specify) 4 🗌 Nurs 28a. DATE OF INJURY (Month, Day, Year) 27. MANNER OF DEATH 28b. TIME OF 28c, INJURY AT 26d. OEŞCRIBE HOW INJURY OCCURED 1- Natural 5 Pending 1 YES 2 NO 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide 1. CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(e) and menner as stated. 2 MEDICAL EXAMINER: On the basis of examination end/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated.

29b. SIGNATURE AND TITLE OF CERTIFIER

29c. LICENSE NUMBER 0

29d. DATE SIONED (Month, Day, Year) 9

MARE SES OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print,

12 REGISTRAR'S SIGNATURE

7

ding physici	the burial-	1	
ital or aften	d for use as		
by the hosp	be detache		at once.
be retained	ige 5 should		e notified
Раде 6 тау	director, pa		ner must b
after death.	y the funera	moval.	ical exami
in 24 hours	ely filled in	nation, or re	t, the med
executed with	and complet	burial, crer	natic even
ertificate be e	ng physician	giene prior to	other traun
the death ce	the attendi	d Mental Hy	Injury, or
requires that	d bengis ned	of Health an	shows any
AN: The law	ificate has by	State Dept.	r Item 23
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or adjoining empsites	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
OR ATTEND	DIRECTOR: A	nours after d	tem 28 is
HOSPITAL	FUNERAL	within 72 h	RTANT: If I
THE	TO THE	be filed	IMPO

HILARY T. O'HERLIHY,

31. DATE FILED (Month, Day, Year)

1991

FOR 1 STATE		STATE OF N	MARYLA	ND / DEP	ARTMEN	IT OF H	IEALTH	AND	MENTAL	HYGIENI	9	1 1	8426
REGISTRAR				CERT						REG. NO.			
1. DECEDENT'S NAME (Fir	st, Middle, Last)								2. DATE O	F DEATN DA	v	YEAR	3. TIME OF DEATN
ALFRED	TH	OMAS			TURNE	R			07	06			1:30 AM
4. SOCIAL SECURITY NUM	BER	5. SEX	6. AGE (Ir	n yrs. last birthdi		ER 1 YEAR	IF UNDER		7. DATE O		1		LACE (State or Foreig
161-10-0969	A G	1 📉 M 2 🗆 F	9	2 YRS	S. MONTHS	DAYS	HOURS	MIN.		1-189	8		SYLVANIA
9a. FACILITY NAME (If not		reet and number)		-	9b. CI1	ry, TOWN	OR LOCATI	ON OF D				NTY OF DE	
NORTH ARUN	OFI HOS	PTTAI AS	SOCT	ATTON	C	LEN I	TIDNT	D			A	Λ /	COLIMPIA
RESIDENCE OF DE		IIIAL AS	30017	ATTON	<u> </u>	TIN I	LIMUC	E			A	.A. (COUNTY
10a. STATE	10b. COUNTY			10c.	CITY, TOWN	OR LOCA	TION						10d. INSIDE CITY LIMITS?
MARYLAND	ANNE	ARUNDEL]	PASAD	ENA							1 TES 2 NO
10e. STREET AND NUMBE	R					10	. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTRY?
7912 MAYF	ORD AVE						21122				U	.S.A	
11. MARITAL STATUS	110	12. WAS DECEDEN	T EVER IN	U.S.ARMED	10	. WAS DEC	ENDENT	OF NISPA	NIC ORIGIN?				- American Indian, White, atc.
1 Never Married 2		FORCES? 1					ecify Cubi		en, Puerto Ri	can, etc.)	- 1	Specifi	
3 🛚 Widowed 4 🗌 Di	rorced												WHITE
	CEDENT'S EDU			16a. DECEDEN	T'S USUAL	OCCUPATION	ON of works	00	16b. I	CIND OF BUS	INESS/INC	DUSTRY	
Elementary/Secondary		College (1-4 or 5	+)	ille. Do NO	or work gon T use retired	.)	not of WORK	78					
6th		NONE		SALES	MANA	GER			AF	RMOUR	MEAT	PACI	KING
17. FATHER'S NAME (First,	Middle, Last)						16. MOT	NER'S N	AME (First, Mi				
WILLIAM T.	TURNER						SC	PHI	A RINI	CZ			
19a. INFORMANT'S NAME				19b. MAIL	ING ADDRE	SS (Street			Route Numbe		. Statu. Zic	Code)	
JANET T	HETN				E AS					,,	,,	,	
			201	. PLACE AND D			/Nama		DATE	200 100	- MOITA	City or Toy	um State
200 METNOD OF DISPOS		oval from State	of c	emetary crema	tory or othe	nlace)		DAT	1				
4 Donation 5 Oth		CHICKE	- 1	1EADOWE		MEMC				EL	KKID	GE MA	ARYLAND
	4	11			1				UNERAI	HOME			
1	Lhar	te-			_							RNIE	, MD 2106
23. PART I. Enter the	diseasee, or d	complication	t ceused	the deeth. (o not ent	er the mo	de of dy	ing, au	ch aa cerdi	ac or reapl	ratory an	rest,	Approximate
ehock, or		List only the cer	use on ee	ech Ilne.	1	h							Onset and D
disease or condition	arrait	(DN	MAG	C X	trut	2//	٠.						10/100
resulting in death)		a DUE TO	OR AD A	CONSEQUENC	EOD:	VI	1		E.				ATTORNE
	UFU	/ Mars	ni,	1. A	DN.1	1	5-1	MA	9				Haus
Sequentielly list cond		a County	JOH MA	ормировы	ww	11	-4	171					(Contract
If any, leeding to imm ceuse. Enter UNDERL		(Troll	170	dow	The	HI	411	-1/1	1/18/19	no			194901
CAUSE (Disease or In		a V DOLLE TO	OR AS A	CONSEQUENC	MU.	VU	VVI	-61	wa	14			1100
that initiated events resulting in deeth) LA	ST	7 5565 16	four ne n	- Communication	L OFF								4
Act of the second	1	d											1
PART II. Other algnifi	cent condition	e contributing to	deeth bu	ut not resulti	ng in the	underiyin	g ceuse	given ir	Part I.	24s. WAS AN	AUTOPSY	24b.	WERE AUTOPSY FINE
										PERFOR	15		AMILABLE PRIOR TO COMPLETION OF CAR
	1						-		_	1 TYES 2	NO		OF DEATH?
	4									/	ů.	- 1	1 YES 2 NO
25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:			ОТН		LACE OF	DEATN (C	heck only one)		10	
1 YES 2 NO	5.7%		☐ ER/Outp	etient 3 🗆 DC			ne 8 🗆 R	esidence	6 🗆 Other	(Specify)			
27. MANNER OF DEATN	HU III	28a. DATE O	F INJURY Day, Year)	28b.	TIME OF		JURY AT ORK?		28d. DE\$0	CRIBE NOW I	NJURY OC	CURED	
I	Pending Investigation		,		М		YES 2	NO					
a Destate	Could not be			- Al home, fa	rm, street, f	actory, offi	De			TION (Street		r or Rural R	loute Number,
4 Homicide	detarmined	building	, atc. (Spec	ату)					City o	r Town, State)			
29a. CERTIFIER							2000		Villa reserve				
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	DICAL EXAMINE	R: On the beals of	examination	n shd/or investi	gation, in m	y opinion,	death occi	red at th	e lime, data	and place, an	d due to I	he cause(a) and manner as stat
THE MONATURE AND THE	LE OF CENTIFIE	11/1/	1.	DA A			29c. LIC	ENSE NU	JMBER		29d. DAT	TE SIGNED	(Month, Day, Year)
1/ War	11	MINE	MI	WIN							▶ *	7-1	-91
-		O COMPLETED BAL		- Land								<u> </u>	

HOSPITAL DRIVE,

#208/GLEN BURNIE,

MARYLAND

1 3	8	
BALTIMORE, MARYLAND 21215-0020	24 nours after death. Page 6 may be retained by the hospital or attending physician. Affed in by the funeral director, page 5 should be detached for use as the burial-transit on or remonal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the tuneral director, page 5 should be detached for use as the burial-transit per per find within 72 hours after death with the State Deat of Health and Merital Hydren blood to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

. DECEDENT'S NAME (First, Middle, Last WILLIAM		P		UP	PHOFF		2. DATE O MONTH	F DEATH DA		YEAR	3. TIME OF DEATH 7:29 A
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1ARYLAND				LTIMO							LIMITS?
0e. STREET AND NUMBER			DA	LIIMO	10f. ZIP CODE				10g. CIT	IZEN OF	WHAT COUNTRY?
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7. FATHER'S NAME (First, Middle, Last)						-	ME (First, Mi				
WILLIAM UPHO	FF		HIL				BETH	RIL			
199. INFORMANT'S NAME (Type/Print) ARS. CATHERINE	ПВИОЕЕ				Street and Number						z 1
20g, METHOD OF DISPOSITION	UFITOFF	_									own, State
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ECTOR	9a. FACILITY NAME (If not institution, give a FRANCIS SCOTT KEY		CENTER	9b. CIT		TIMORE			9c. COUNTY	OF DEATH
DIR		ALTIMORE		10c. CITY, TOWN		UNDALK				10d. INSIDE CITY LIMITS? 1 YES 2
FUNERAL	100. STREET AND NUMBER 8224 LONGPOINT ROA	A D			101	ZIP CODE	21222		10g. CITIZE	U.S.A.
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 S IF YES, GIVE WA			If yes, sp	ENDENT OF HI ecity Cuben, Me 2 XNO S	SPANIC ORIGIN exican, Puerto F		s or No 14	. RACE — American Indi Black, White, etc. Specify:
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ш	17. FATHER'S NAME (First, Middle, Last) CHARLES VOLLMER			VALLET	7		S NAME (First, A		Sumame)	
TO B	19a. INFORMANT'S NAME (Type/Print)		191	b. MAILING ADDRE						
	EUNTCE L. VOLLMER 20s. METHOD OF DISPOSITION WE Buriel 2 Cremetion 3 Rem Donation 5 Other (Specify)	noval from State	20b. PLACE of cemetary. GARDI	8224 LO AND DATE OF DIS crematory or other ENS OF F	POSITION	(Name	DAT	20c. LC		YLAND 21 y or Town, Stata RE, MARYLA
	21. SIGNATURE OF SUNERAL SERVICE LA	CENSEE X	hil	21	2. NAME AI DUDA-	ND ADDRESS O	F FACILITY UNERAL	HOME	OF DU	NDALK, INC.
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

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IMPORTANT: It Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

REGISTRAR		CERTI	FICALE	UF	DEATH		REG.	NO.				
1. DECEDENT'S NAME (First, Middle, Last)		1				2. DAT	E OF DEAT	H	YEA		ME OF DEA	TH
Samuel	Weins	tein				0:		24	91		:45	A
4. SOCIAL SECURITY NUMBER 213-18-0551		80 (In yrs. last birthda	MONTHS	1 YEAR DAYS	HOURS MI	(Mor	OF BIRTH		8. B	MAR	E (State or F	oreign
90. FACILITY NAME (If not institution, give to SINAI H	ospital		Ba	TOWN OF	R LOCATION O	DEATH VE		9c. C	OUNTY C	OF DEATH		
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y	10c. (SITY, TOWN C		ON MOY					10d.	INSIDE CIT	Y
MD			D9			-					YES 2	NO
3012 West	Rogers	Ave			21215	5				of what	COUNTRY?	
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 X YE IF YES, GIVE WAR OR	S 2 NO	13.	WAS DECE If yes, special 1 YES	ENDENT OF HIS city Cuben, Me 2 X NO S	PANIC ORIG xican, Puerto ec/ly:	ilN? (Specif o Rican, atc	y Yes or No-		Black, Whi	mericen ind ite, etc. vhit	
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12		OWNER	(MOND		ω.		
"WILLIAM" WEINSTE	IN				18. MOTHER'S		, Middle, Ma TABB	ilden Sumami	9)			
198. INFORMANT'S NAME (Type/Print) MRS. RUBY WEINS'	rein				RS AVE			Town, State, ORE, MI		1215		
20e, METHOD OF DISPOSITION 1 Department 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		20b. PLACE AND D. of cernetary cremat HEBREV				/5/91	TE 200	LOCATION		RE,		
21. SIGNATURE OF FUNERAL SERVICE LI												
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JUNAI HOSPITAL

PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typa, Print)
NG VARES SINAI

32. REGISTRAR'S SIGNATURE
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Item certificate h

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DIVISION OF VITAL RECORDS, P.O. DOA 86/80,	. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in	hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or re

FOR STATE REGISTRAR 1 -CERTIFICATE OF DEATH REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (First, Middle, Last) 3. TIME OF DEATH MAYME C. WAISNIS PAR 11:50 P. JULY 6, 1991 A SOCIAL SECURITY NUMBER 7. DATE OF BIRTH
OCT. 10, 1892 5. SEX 5. AGE (In yrs., last birthday) IF UNDER 1 YEAR 8. BIRTHPLACE (State or Foreign IF UNDER 24 HRS. MONTHS DAYS HOURS MIN MARYLAND 216-03-3489 1 M 2 W 9e. FACILITY NAME (If not institution, also street and number 9b. CITY, TOWN OR LOCATION OF DEPT 9c. COHNTY OF DEATH BALTIMORE CHARLESTOWN CARE CENTER CATONSVILLE DIRECTOR RESIDENCE OF DECEDENT 10c. CITY, TOWN OR LOCATION 10d. INSIDE CITY LIMITS? 1 YES 24 NO MARYLAND BALTIMORE CATONSVILLE FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21228 U.S.A. 711 MAIDEN CHOICE LANE 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-if yes, specify Cuban, Mexican, Puerto Rican, etc.) 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, atc. FORCES? 1 YES 2 1 X Never Merried 2 Married 1 YES 2 NO Specify: Specify: B WHITE 3 Widowed 4 Divorced 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) COMPLETED 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highe MERCANTILE SAFE DEPOSIT & Elementary/Secondary (0-12) College (1-4 or 5+) TRUST COMPANY 12 BOOKKEEPER 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) KRISTINA STAMKWICH JOHN WAISNIS BE 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 (NIECE) 428 GUN ROAD, BALTIMORE, MARYLAND 21227 GLORIA CARRION 20a. METHOD OF DISPOSITION
1 X Burlal 2 Cremation 3 Removal from State
4 Donation 5 Other (Specify) 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE NEW CATHEDRAL CEMETERY 7/9/91 BALTIMORE, MARYLAND 21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY LEROY M. & RUSSELL C. WITZKE FUNERAL HOMES 1019 1630 EDMONDSON AVENUE, CATONSVILLE, MD. 21228 23. PART I. Enter the diseases, or complications that caused the deeth. Do not enter the mode of dying, such as cardiec or respiratory errest, shock, or heart feiture. List only one cause on each line. Approximate interval Between Onset and Death **IMMEDIATE CAUSE (Finel** Zartera diseese or condition resulting in death) leux DUE TO (OR AS A CONSEQUENCE OF) CERTIFICATION Sequentielly liet conditione, DUE TO (OR AS A CONSEQUENCE OF): If any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events DUE TO (OR AS A CONSEQUENCE OF): resulting in deeth) LAST PART II. Other significant conditions contributing to deeth but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AWAILABLE PRIOR TO COMPLETION OF CAUSE 1 YES 2 NO 1 ☐ YES 2 ☐ NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF DEATH (Check only one) HOSPITAL:
1 | Inpatient 2 | ER/Outpatient 3 | DOA OTHER: 1 YES 2 NO 4 Nursing Home 5 - Residence 6 - Other (Specify) 27. MANNER OF DEATH 26e. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Accident 5 Pending Investigation 1 [YES 2 [NO BY 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 26e. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify) 3 Suicide 6 Could not be ETED. 4 Homicide 29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and piece, and due to the cause(e) and menner as stated. COMPL 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and manner se stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d, DATE SIGNED (Morth, Day, Year) BE 2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) maide Cho boum 0 0 31. DATE FILED (M 32. REGISTRAR'S SIGNATURE whice Davidson-Range 9

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

BALTIMORE, MARYLAND 21215-0020

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TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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EDGAR W. WHEAT	JR.							2. DAT	e of GEATH	91	YEAR	3. TIME OF OEATH
4. SOCIAL SECURITY NUMBER 216-09-5164	8. SEX 1XXM 2 - F	6. AGE (In yrs. les	t birthday) YRS.	IF UNDER 1	YEAR DAYS	IF UNDER	24 HRS. MIN.		E OF BIRTH onth, Day, Year) 03-14		6. BIRTH Country MAR	PLACE (State or Foreign YLAND
SUMMIT NURSING HO	SUMMIT NURSING HOME					OWN OR LOCATION OF DEATH NSVILLE				9c. COUNTY OF DEATH BALTIMORE		
MARYLAND RESIDENCE OF DECEDENT 106. COUNTY	HOWARD 100. CITY			Y, TOWN OR	FOWN OR LOCATION ELLICO			COTT CITY			10d. INSIDE CITY LIMITS? 1 YES 2 NO	
No. STREET AND NUMBER 101. ZIP CODE 109. CITIZ							EN OF W	WHAT COUNTRY?				
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15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12) 1 2 th	(Specify only highest grade completed) Elementary/Secondary (0-12) College (1-4 or 8 +)					CUPATION 16b. KIND OF BUSINESS/INDUSTRY ring most of working						ING
17. FATHER'S NAME (First, Middle, Last) EDGAR W. WHEAT SR. 18. MOTHER'S NAME (First, Middle, Malden Surname) CARRIE HIDEY												
190. INFORMANT'S NAME (Type/Print) PHYLLIS WHEAT (W	VIFE)	117							mber, City or Tov CATONS			21228
20a. METHOD OF DISPOSITION 1 Burlel 2 A Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	0.00		E OF DISPO		(Name		1		TONSV		
21. SIGNATURE OF FUNERAL SERVICE LIC	ENSEE			22 N		10 10000	SS OF FA	CHITY				•
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23. PART J. Enter the diseases, or a shock, or heert failure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	List only one csu	nt coused the de Jacon eech line (OFTAS A CONSE	». •••••	LEF 163	ROY 30 I	M & EDMON	RUSS NDSON	SELI N AV	ardiec or resp			Approximata Interval Betwee
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	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. le		UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)	
	9a. FACILITY NAME (If not institution,		80		b. CITY, TOWN	OR LOCATION OF O			Kentucky TY OF OEATH	
ED BY FUNERAL DIRECTOR			Balto.City.Md.							
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	Maryland			100	TY, TOWN OR LOCATION 10d. INSIE LIMIT 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
	10e, STREET AND NUMBER	1 200					EN OF WHAT COUNTRY?			
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	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? IF YES, GIVE	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YEYES 2 NO IF YES, GIVE WAR OR DATES				NIC ORIGIN? (Specify ten, Puerto Rican, atc.) by:	Vea or No— 14. RACE — American Indian, Black, White, atc. Specify: White		
	15. DECEDENT'S EDUCATION (Specify only highest grade completed) (Give kind of work done during most of working life. Do NOT use refired.) 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use refired.)							USTRY		
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	Ben		Wr	ight		Sar		on Surrama)	Ratliff	
TO BE	19a. INFORMANT'S NAME (Type/Print)			DRESS (Street		Route Number, City or 1	own, State, Zip		
5	Mrs.Margaret	Wright		60	00 Lio	ht St.E	Balto.Md	.2123	0 Apt.229	
	20a. METHOD OF DISPOSITION 1 D-Burlai 2 Cremation 3	Removal from State			F OISPOSITION				City or Town, Slate	
	4 Donation Other (Specify)			cemet			helby	Kent. Gap.Pot Co.	
	21. SIGNATURE/OF FUNERAL SERVI	CELICENSEE	//		22. NAME A	ND ADDRESS OF FA	VCILITY B	alto.	Md.21230	
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MEDICAL	PART II. Other significent con	ditional contributing	to death but not	resulting in	the underlying	ng cause given in	PERF	ORMEO?	24b. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE	
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РНУ	27. MANNER OF DEATH Natural 5 Pending	28a. DATE ((Month,	OF INJURY , Day, Year)	28b. TIME		JURY AT	28d. OEŞCRIBE HO	W INJURY OCC	CUREO	
marl BY	2 Accident 3 Suicide 4 Homicide 5 Could not be detarmined 5 Homicide 5 City or Rown, State) 286. PLACE OF INJURY — At home, farm, street, factory, office building, atc. (Specify)								or Rural Route Number,	
COMPLETED	29a. CERTIFIER CERTIFYING BUYCIGIAN, Y. M.									
)MF	(Check only Check only Descripting PHYSICIAN: To the best of my knowledge, death occurred at the lime, data and place, and due to the cause(a) and menner as stated. 2 MEDICAL EXAMINER: On the best of examination and/or investigation, in my opinion, death occurred at the lime, data and place, and due to the cause(a) and menner as stated.									
BE C	29b. SIGNATURE AND TITLE OF CE	REFIER	4	eL 1	1-	29c. LICENSE NU	MBER	29d. DAT	E SIGNED (Month, Day, Year)	
TO	N. J. Ninala Howe Staff 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Noth String)									
	W.T. Ningle HHC 3001 S. Hanner St, Beltimore, Mel									
	31. DATE FILED (Month, Day, Year)	1 file	aca deserved	Person						
	100 00 100									

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE 9 1
CERTIFICATE OF DEATH REG. NO.

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2. DATE OF DEATH

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3. TIME OF DEATH

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BALTIMORE, MARYLAND 21203-3146

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!	1. DECEDENT'S NAME (First,		NOX-WHI	YATT					2. DATE OF DEATH	3-91	YEAR	3. TIME OF DEATH	4
	4. SOCIAL SECURITY NUMBER 237-50-940	ER	5. SEX 1 ☐ M 2 🔽 F	6. AGE (in yrs. ia:		IF UNDER 1 YE		NOER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year) 03-17-3		Count	**	
Œ	90. FACILITY NAME (If not in 2442 As:	stitution, give s	street end number)					CATION OF D		9c. COUN		th Carol	L
DIRECTOR	RESIDENCE OF DEC				10c. CITY	TOWN OR L		more	OI ty	110	116	10d. INSIDE CITY	
AL DIF	Maryland 100. STREET AND NUMBER	noi	ne			Balt	imor	e Ci	ty	10g. CITIZ	ZEN OF	¥X YES 2 □ NO WHAT COUNTRY?)
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BE C	Leo Prive								Mangum				
10	190. INFORMANT'S NAME (19					, Balto,			d 21205	
	208. METHOD OF DISPOSIT		noval from State	20b. PLACE other p	of dispos	TION (Name	of cometery,	Park	20c. L Ba	ocation —		own, State Maryla	ar
	21. SIGNATURE OF FUNERAL 23. PART I. Enter the dahock, or h	B	Lores	S	200	22. MAI Ca 1.4	ALVII	oress of F	Scruggs reston St	. Ba	lto	Home	2:
CERTIFICATION	Sequentially list condi- if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or Inj- that initiated events resulting in death) LAS	odiate rING ury	b. DUE TO	O (OR AS A CONSI	equence of urel	nia)	onio	Ren	al Failu	re)			_
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ICIAN:	25. WAS CASE REFERRED EXAMINER?	TO MEDICAL	HOSPITAL:	☐ ER/Outpatient	2 [] 2004	OTHER:			Check only one) 6 Other (Specify)				_
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TED BY	2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE	OF INJURY — Al (g, etc. (Specify)	home, ferm,	street, fectory	, office		281. LOCATION (Stree City or Town, Ste		r or Rura	l Route Number,	
COMPLET	(Check only								ue to the cause(e) and n			e(e) end manner ee stat	itec
BE	29b. SIGNATURE AND TITLE	E OF CERTIF	lÉR		en		290	LICENSE N	6	29d. DA7	TE SIGNE	7/8/9\	
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	JUL 09 199		ulia Savidson	RAR'S SIGNATURE									

tal or attending physician.	for use as the burial-transit permit		only.
L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or area ding physician.	. DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit		item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
ecuted within 24 hours after death.	and completely filled in by the funera	burial, cremation, or removal.	atic event, the medical examin
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VDING PHYSICIAN: The law requir	: After this certificate has been s	r death with the State Dept. of Hi	is marked, or item 23 show
L OR ATTE.	DIRECTOR	hours afte	item 28

BALTIMORE, MARYLAND 21215-0020

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

HOSPITAL FUNERAL I within 72 h

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IMPORTANT:

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Pages 1, 2, 3 should

FOR STATE REGISTRAR STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH YEAR Barbara Whittington Florence Juli 199 10:40 7. DATE OF BIRTH (Month, Day, Year) April 7, 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday, JF UNDER 1 YEAR IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign 91 DAYS HOURS 1 - M 2 X F 213-40-1345 VRS 1900 Maryland Sa. FACILITY NAME (If not institution, give street end number) 9c. COUNTY OF DEATH 96 CITY TOWN OR LOCATION OF DEATH DIRECTOR Doctors Community Hospital Lanham. MD Prince George RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION CALVERT -Prince-George LUSBY Maryland Bowie -1 X YES 2 1 ND 10e. STREET AND NUMBER FUNERAL 101. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 12553 CATALINA DRIVE 20657 20715 3507 Maureen Lane U.S.A. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No 14. RACE — American Indian, Black, White, etc. If yes, specify Cuben, Mexicen, Puerto Ricen, etc.)

1 YES 2 X NO Specify: 1 Never Merried 2 Merried IF YES, GIVE WAR DR DATES Specify: BY 3 XWidowed 4 Divorced White COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION (Specify only highest grade complete 16b. KIND OF BUSINESS/INDUSTRY OWN HOME lary (0-12) College (1-4 or 5 +) Waitress HOMEMAKER Catering Business NA NA 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Adam Fink FRANK A FINK Mary Brown BE 19e. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Vivian Cook (Daughter) 12553 Catalina Drive, Lusby, Maryland 20657 20a, METHOD OF DISPOSITION
1 △Burlel 2 □ Cremation 3 □ Ramoval from State 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State DATE Holy Redeemer Cem. ☐ Donation 5 ☐ Other (Specify) Baltimore, Maryland 22. NAME AND ADDRESS OF FACILITY
Schimunek Funeral Home, Inc. 21. SIGNATURE OF FUNERAL SERVICE LICE uge 3331 Brehms Lane, Baltimore, MD 21213 23. PART I. Enter the diseases, or complications that caused the decisheck, or heart failure. Out only one cause on each line. plicetions that caused the deeth. Do not anter the mode of dying, such as cardiec or respiratory arrest, Approximate Interval Between Onset and Death disease or condition 00 neum Ir alen regulting in death) DUE TO (OR AS A CONSEDUENCE OF) 0 CERTIFICATION Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury DUE TO (OR AS A CONSEQUENCE OF) DUE TO (DR AS A CONSEQUENCE OF): that initiated events resulting in death) LAST PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION DF CAUSE MEDICAL 1 YES 2 NO OF DEATH? 1 | YES 2 | NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 26. PLACE OF OEATH (Check only one) OTHER: 1 TES 2 ND 1 € Inpetient 2 □ ER/Outpetient 3 □ DOA ng Home 5 - Residence 8 - Other (Specify) 28b. TIME OF 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 28c. INJURY AT WORK? 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 2 Accident 5 Pending 1 YES 2 ND BY 28e. PLACE DF INJURY — At home, farm, street, factory, office building, atc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be COMPLETED 4 Homicide 29a, CERTIFIER CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner se stated. 2 MEDICAL EXAMINER: On the beele of examin ation end/or investigation, in my opinion, death occured at the time, date end piece, end due to the car 296: SIGNATURE AND TITLE ON CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Year) BE D2649 2 WHD COMPLETED CAUSE DF OEATH (ITEM 27) (Type, Print)

Gallan

Julia Davidson-Randall

Fox

14300

32. REGISTRAR'S SIGNATURE

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1314	executed
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within
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	FOR 1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPART	MENT OF H		MENTAL HYGIEN	_		18435
	1. OECEDENT'S NAME (First, Middle, Last) ROBERT	RUSSELL	ARM	STROI	VG-	2. DATE OF DEATH DO DO DO DO DO DO DO DO DO DO DO DO DO	w/ 9"	EAR	ME OF DEATH
	4. SOCIAL SECURITY NUMBER		GE (In yrs. lest birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)			E (State or Foreign
	338-16-6821 9a. FACILITY NAME (If not institution, give		68 YRS.	Sh CITY TOWN	HOURS MIN.	January 8,		Illino	ois
DIRECTOR	Hill Haven Nursin			Adelph			Princ		orges
3EC	10e, STATE 10b, COUNT	ΓY	10c. CfTY	, TOWN OR LOCA	TION			10d.	INSIDE CITY
	Maryland Montg	omery	Roc	kville				1 🔀	YES 2 NO
FUNERAL	10e. STREET AND NUMBER				1. ZIP CODE		10g. CITIZEN	N OF WHAT	COUNTRY?
Ä	12612 Celtic Ct.	T			20850		U.S.		
BY FU	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FORCES? 1 Y IF YES, GIVE WAR OF	ES 2 NO	If yes, as		HC ORIGIN? (Specify Years, Puerto Rican, etc.)	s or No.— 14.	Specify: W	
ED	15. DECEDENT'S ED		18a. DECEDENT'S	USUAL OCCUPATI	ON ost of working	16b. KIND OF BU	SINESS/INDUS	TRY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)		ork done during me retired.)					- 1
MP		4	Mechanic	al Engl		Federal ME (First, Middle, Meiden		nment	
	17. FATHER'S NAME (First, Middle, Last) Russell Ray Arms	trono			1 TO 10 TO 1		Surneme)		1
BE	19a. INFORMANT'S NAME (Type/Print)	crong	19b. MAILING	ADDRESS (Street	Aletha	FULLET Route Number, City or Tow	m. State. Zip Co	ode)	
5	Raymond Armstrong	3				kville, Ma		-	50
	20g. METHOD OF DISPOSITION		20b. PLACE OF OISPOS				CATION — City		
	1 Donation 5 Other (Specify)	moval from Stata	Metropolit			Ale	xandri	a, Vir	ginia
	21. SIGNATURE OF FUNERAL SERVICE L	JCENSEE //		22. NAME A	ND ADDRESS OF FA	DeVol	Funera:	1 Hom	е
	1 John F	Nellel			10	East Dee	r Park	Driv	e 20877
	23. PARTY Enter the diseases, or shock, or heert feilure IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Mul	n eech line.						Approximete Interval Between Onset and Death
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	DUE TO (OR A	AS A CONSEQUENCE OF	7):			Y		
H	resulting in deeth) LAST	d							
PHYSICIAN: MEDICAL CI	PART II. Other significant conditions are significant conditions.					Part I, 24a. WAS AF PERFO	AMED?	COM OF E	E AUTOPSY FINDINGS LABLE PRIOR TO PLETION OF CAUSE SEATH? YES 2 NO
AN	25. WAS CASE REFERRED TO MEDICAL			26. F	LACE OF DEATH (Ch	eck only one)		<u> </u>	
SIC	1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/	Outpatient 3 DOA	OTHER:	me 5 🗆 Residence	8 Other (Specify)			
ΉÝ	27. MANNER OF DEATH	28a, DATE OF INJU (Month, Day, Ye		E OF 28c. IN	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCCU	RED	
BY F	1 Natural 5 Pending Investigation		,		YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	26e. PLACE OF INJ building, etc. (IURY — At home, farm, a (Specify)	street, factory, offi	ce	281. LOCATION (Street City or Town, State	and Number or)	Rural Route	Number,
COMPLETED	one)	SICIAN: To the best of my k							manner as stated.
ш	296. SIGNATURE AND TITLE OF CERTIF	IER,	. 1		29c. LICENSE NU	MBER	29d. DATE S	SIGNED (Mon	th, Day, Year)
0	Tanula	my -	-M		0250)04	6/	2/19	7
TO	30. NAME AND ADDRESS OF PERSON W	Hamps	F OEATH (ITEM 27) (Type,	Print)	Silver	Sorin	g M	02	0904
	31. DATE FILED (MONTH), Day, Year) JUN 24 199	32. RAGISTAAR'S S	SIGNATURE ACONDES	2					

	FOR 1 - STATE REGISTRAR	STATE OF MARYLA	ND / DEPARTM CERTIFIC				GIENE G. NO.	
	1. DECEDENT'S NAME (First, Middle, Lest)	(I HAL	at Abas-A			2. DATE OF OE MONTH	16	SEAR 3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 214-90-5626	5. SÉX 8. AGE (1)		UNDER 1 YEAR HTHS DAYS	F UNDER 24 HRS. HOURS MIN.	7. DATE OF BIF (Month, Day, Apr 2	1917	BIRTHPLACE (State or Foreign Country) Iran
OR	Shady Duvelle	poet and number)	n	Rockvi	r location of de L1e	ATH		nty of DEATH Ontgomery
DIRECTOR	RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY 10 10 10 10 10 10 10 10 10 10 10 10 10 1	elsomers		own on Locat	ON .			10d. INSIDE CITY LIMITS? 1 YES 244NO
RAL	100. STREET AND NUMBER 11224 Korman Dri	70		110	ZIP CODE		10g. CITI	IZEN OF WHAT COUNTRY?
BY FUNERAL	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Myridowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 XXNO	13. WAS DEC	ENDENT OF HISPAN odly Cubert, Mexicar 2.2 NO Specify	, Puerto Rican,	cify Yee or No—	14. RACE — American Indian, Black, White, etc. Specify: White
COMPLETED	15. DECEDENT'S EDU (Specily only highest grade Elementary/Secondary (0-12)		18e. DECEDENT'S US (Give kind of work life. Do NOT use re Home Mak	done during mo stired.)	N st of working		of Business/inc	DUSTRY
BE COM	17. FATHER'S NAME (First, Middle, Last) AZIZ				18. MOTHER'S NAM	ME (First, Middle,	Meiden Surname)	
TO B	196. INFORMANT'S NAME (Type/Print) Houshang P. Tehr	ani			nd Number or Aural A Drive Po			
	20g METHOD OF DISPOSITION 1	normal denoma Charles	PLACE OF DISPOSITION OF PROPERTY PROPERTY IN THE PROPERTY IN T					City or Town, State Maryland
	21. SIGNATURE OF FUNERAL SERVICE A	CENSEE	м00896		Deer Pa	DeVo	l Funera Gaithers	al Home sburg, MD 20877
ION	23. PART I. Entire the diseases, prehock, prheart fallure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	a. DUE TO (OR AS A	consequence of:	antar tha mo	RAL	ASSIVE	STRO	Approximate Interval Between Onset and Death
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST	c. DUE TO (OR AS A	CONSEQUENCE OF):					
PHYSICIAN: MEDICAL C	PART II. Other significant condition	na contributing to death b	ut not resulting in	the underlying	g cause given in		WAS AN AUTOPSY PERFORMED? YES 2 XXNO	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
NAN:	25. WAS CASE REFERRED TO MEDICAL				ACE OF DEATH (Ch	eck only one)		
IYSIC	EXAMINER? 1 ☐ YES 2 D NO 27. MANNER OF DEATH	HOSPITAL: 1 Dinpatient 2 DER/Outp 28e. DATE OF INJURY			e 5 Residence		city) E HOW INJURY OC	VI IDED
BY PH	1 Natural 5 Pending 2 Accident Investigation	(Month, Day, Year)	INJUR	Y WC	PRK?	200. DESCRIBE	LITON MOON! OO	NOTICE OF THE PROPERTY OF THE
ED	3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, atc. (Spec	' — At home, farm, stre	et, fectory, offic	•	281. LOCATION City or Tow		or or Rural Route Number,
COMPLET	one)	BICIAN: To the best of my know ER: On the basic of examination						ited. the ceuse(e) and manner as stated.
BE	29b. SIGNATURE AND TITLE OF CENTIFIE	Dole.	luil		29c. LICENSE NUI	WBER S	29d. DA	TE SIGNED (Month, Day, Year)
10	30. NAME AND ADDRESS OF PERSON W	TO COMPLETED CAUSE OF DE	ATH (ITEM 27) (Type, P)	TOX D	a Aren	den	ex the	100832
	31. DATE FILED (Month, Day, Year)	32. PROSTRAPIO SIGN	ATURE PONDER				1	

TO BE COMPLETED BY FUNERAL DIRECT

ined by the hosp	nould be detache	fled at once.
Page 6 may be ret	al director, page 5 s	ner must be not
jurs after death.	filed in by the funer- n, or removal.	e medical exami
be executed within	ian and completely 1 or to burial, cremation	aumatic event, th
e death certificate	the attending physic Mental Hygiene price	njury, or other tr
law requires that th	is been signed by i	23 shows any in
3 PHYSICIAN: The	r this certificate ha	arked, or item
TO THE HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within cours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
TO THE HOS	TO THE FUNE be filed withit	IMPORTANT

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

Gayoso,

31. DATE FILED (Month, Day, Year

M.D.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

32. REGISTRAR'S SIGNATURE

FOR 1 - STATE		STATE OF MA						MENTAL HYG		91	18431
1. DECEDENT'S NAME (First HAZEL C		E		ERTIFI	CATE	OF D	EAIH	REG. 2. DATE OF DEAT MONTH		Q YEAR	3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER			L AGE (In yrs. le	st birthday)	IF UNDER 1	YEAR I	F UNDER 24 HRS.	7. DATE OF BIRT	1	I a. BIRT	HPLACE (State or Foreign
577-03-877		1 M 2 F	83	YRS.		DAYS H	OURS MIN.	9-10-19		Coun	yland
Fairfield	Nurs					msvi.		SAIN			rundel
10a. STATE	10b. COUNT	Υ		10c. CITY	, TOWN OR	LOCATION					10d. INSIDE CITY
Maryland	Princ	e George		Be.	ltsvi	lle					1 TES XXX
100. STREET AND NUMBER	ontaar	nery Road					0705	1			what country? States
11. MARITAL STATUS 1 Never Married 2 3 Never Married 4 Dive	Married	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	YES 2X	RMED 40	14	AS DECEN	DENT OF HISPAI	NIC ORIGIN? (Speci- in, Puarto Rican, at- y:	y Yea or No-		CE — American Indian, ck, White, etc.
15. DEC	EDENT'S EDU	JCATION	18a. D	ECEDENT'S	USUAL OCC	CUPATION		16b, KIND O	F BUSINESS/II	NDUSTRY	(1112 00
(Specify oni	ly highest grade 9-12)	completed) College (1-4 or 5+)	Sec.	Sive kind of w e. Do NOT us Vaitre	rork done du e retired.)	uring most o	f working		taurar		
17. FATHER'S NAME (First, IV	fiddle, Last)		V	value	ಎಂ	1	S. MOTHER'S NA	ME (First, Middle, M			
James	Clatt	erbuck					Lenor				
19a. INFORMANT'S NAME (Type/Print)							Route Number, City of		Zip Code)	
Daniel Ho			T	same a			wy, cremetory or	Lac	- LOCATION	C(h. n. 3	Paris Otata
XX Burial 2 Crematic	on 3 🗆 Ren r (Specify)		other p	Hill	Ceme	tery		I	aurel		
21. SIGNATURE OF FUNERA	OA L		ward	4	D	onal		rgwardt			me, P.A.
23. PART I. Enter the dahock, or h IMMEDIATE CAUSE (Fi disease or condition resulting in deeth)	neart fellure.	List only one caus	ceused the de on each lin	Lu	NO				reapiratory a	errest,	Approximate interval Between Onset and Death
Sequentially list condi- if eny, leading to imme ceuse. Enter UNDERLY CAUSE (Disease or inj- that initiated events resulting in death) LAS	odiate ring ury	c	DR AS A CONSE						-		
PART II. Other algnific	ent conditio	na contributing to d	eath but not	resulting	n the und	derlying o	ause given in	PE	AS AN AUTOPS ERFORMED? ES 2 NO	Y 24	ID. WERE AUTOPSY FINDINGS AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED T	TO MEDICAL					28. PLAC	E OF DEATH (C	heck only one)			
EXAMINER?		HOSPITAL: 1 Inpatient 2	ER/Outpatient	3 DOA	OTHER	ing Home	5 🗆 Rasidence	6 Other (Specifi	()		
	Pending Investigation	28a. DATE OF I (Month, Day	NJURY (, Year)	26b. TIM		28c. INJUR WORK	Y AT	28d. DESCRIBE		CCURED	
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE OF	INJURY — At h	ome, farm, s	street, facto	ory, office		26f. LOCATION (S City or Town,		ber or Rura	l Route Number,
onel		SICIAN: To the best of r									(a) and manner ea stated.
29b. SIGNATURE AND TITL) . V	211	A		9c TICENSE NU		1		D (Month, Des

5411 Old Frederick Rd. Suite #8 Baltimore, Maryland

DHMH-16 Rev 1/89

BALTIMORE, MARYLAND 21215-0020	d by the hospital or attending physician.	id be detached for use as the burial-transit permit. Pages 1.2. 3 mount	d at once.
	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNEPAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Figure 1.2, 3 mount be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	MPORTANT: if them 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the itending physician and completely filled in by the itended within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injust

	REGISTRAR		CE	RTIF	CATE OF	DEATH	F	REG. NO.			
	1. OECEOENT'S NAME (First, Middle, Last) FRNTF.	Laf	Rue		ANGLIN		2. DATE OF	OEATH 2 10A	1991	3. 1 1:	35 P M
	4. SOCIAL SECURITY NUMBER 257-46-1024	5. SEX 8.	AGE (In yrs. last)		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF I	BIRTH 3,19:	34	BIRTHPLA Country) Eads	Tenn.
OR	9e. FACILITY NAME (If not institution, give s ST. AGNES HOSPIT				BALTIMO	RE	EATH		BALTI		1
FUNERAL DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY VA.	1			TOWN OR LOCAL						I. INSIDE CITY LIMITS? YES 2 NO
ERAL	10e. STREET AND NUMBER 213 PARKWAY DRI	VE				23606			10g. CITIZEN		
В	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 X IF YES, GIVE WAR	YES 2 NO	IED O	If yes, sp	ENDENT OF HISPAI ecify Cuban, Maxica 2 NO Specif	n, Puerto Rica		or No— 14.	RACE — Black, WI Specify:	American Indian, hita, etc. White
COMPLETED	15. OECEOENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)	completed) College (1-4 or 5 +)	(Giville, I	e kind of wa Do NOT use	ISUAL OCCUPATION done during money retired.)	st of working	16b. KII		INESS/INDUS		
AP.	12	5+	aer	onau	tic eng	•		NASA	A US G	OVT.	
BE CO	17. FATHER'S NAME (First, Middle, Last) MARVIN	Α	NGLIN			18. MOTHER'S NA	ME (First, Midd	lle, Maiden l	Surname) WILK	INSO	N
TO B	198. INFORMANT'S NAME (Type/Print) BETTY LOCKHART AN	GLIN				nd Number or Rural DRIVE NE					a Harles
	20a, METHOD OF DISPOSITION 1	oval from State			OF OISPOSITION		OATE		PORT N		
	21. SIGNATURE OF RUNERAL SERVICE AS	The 1).			ENA, MARY	31		UNTAI	N RO	AD
ATION	23. PART i. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	a. ATTING OUE TO (OI	on each line.	UENCE OF	in Company						Approximate Interval Between Onset and Death
CERTIFICATION	CAUSE (Disesse or Injury that initiated events resulting in death) LAST	DUE TO (OI	R AS A CONSEC	UENCE OF):						
MEDICAL	PART II. Other significant condition	na contributing to de	eath but not re	esulting l	n the underlyin	g cause given in		PERFOR	MED?	CO OF	RE AUTOPSY FINDINGS ALLABLE PRIOR TO MPLETION OF CAUSE DEATH? YES 2 NO
¥	25. WAS CASE REFERRED TO MEDICAL				26. P	LACE OF OEATH (C	neck only one)				
Sic	EXAMINER? 1 X YES 2 □ NO	HOSPITAL:	R/Outpatient 3	X DOA	OTHER:	ne 5 🗆 Residence	8 C Other (S	Specific)			
BY PHYSICIAN:	27. MANNER OF DEATH 1 Netural 8 Pending Investigation	28a. DATE OF IN (Month, Day,	JURY	28b. TIME INJU	OF 28c. IN	JURY AT DRK? YES 2 NO			NJURY OCCUP	RED	
	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF a building, etc	NJURY — At hor c. (Specify)	ne, farm, s	treet, factory, offi	:0	28f. LOCATH City or 1	ON (Street a Town, State)	nd Number or	Rural Route	Number,
COMPLETED	tours only	ICIAN: To the best of m									d manner as stated.
TO BE	296 SIGNATURE AND TITLE OF CERTIFIE	nel				OCME	MBER			-21-	onth, Day, Year)
		.100 wu	ph 1	11 N	. PENN	STREET BA	ALTIMO	RE,MA	RYLAN	D 212	201
	31. DATE FILEO/(Month, Day, Year) JUN 2 4 1	99 Julie 1	S SIGNATURE	Bindal	2		ď.				

a log nathrana 18th & S. Mul

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tran	De High Within 12 Tours also fount men to the control of the contr
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be exec	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in by the funeral completely filled in the funeral completely	The state of the s
TO THE	TO THE	Do Illian

31. DAJUN 2 6 1991

FOR 1 STATE	STATE OF MARYLAND / DEP	PARTMENT OF HEALTH AND	MENTAL HYGIENE	
REGISTRAR	CERT	IFICATE OF DEATH	REG. NO.	1
1. DECEDENT'S NAME (First, Middle, L	ELPMS Im		2. DATE OF OEATH MONTH DAY	EAR 3. TIME OF DEATH
4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (In yrs. lest birthd	Jay) /IF UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	BIRTHPLACE (State or Foreign
215-34817	2 10 M 2 SEF 5 6 YR	MONTHS DAYS HOURS MIN.	Month, Day, Year) 34	Country) MD
9e. FACILITY NAME (If not institution, g	ive street and number)	96. CITY, TOWN OR LOCATION OF	DEATH 9c. COUNTY	Y OF DEATH
HAMC		Anapais	A	10e Arendo
THE HOL NCE OF DECEDENT 10a. STATE 10b. COL A1	- A T	. CITY, TOWN OR LOCATION		10d. INSIDE CITY
MD An	ne Anndel	Acros H		LIMITS?
	10	10f. ZIP CODE	10g. CITIZE	N OF WHAT COUNTRY?
10e. STREET AND NUMBER 523 Oal mo h 11. MARITAL STATUS 1 Never Merried 2 Married 3 Widowed 4 Divorced	# ct.	210	12 0	SA
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190. INFORMANT'S NAME (Type/Print)	19b. MAII	LING ADDRESS (Street and Number or Rura	Poute Number, City or Town, State, Zip C	ode) MO > 1/10
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	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
	HOSPITA	FUNERA within 72	TANT: H
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IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Subarachnoid Hemorrhage Due to (or as a consequence of): Administration of the underlying course given in Part I. Due to (or as a consequence of):	. DECEDENT'S NAME (First, Middle,	Last)						OF DEATH			3. TIME OF DEATH
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30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)	23. PART I. Enter the diseases ahock, or heart fel immediate CAUSE (Final disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate couse. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificent con 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 VES 2XXNO 27. MANNER OF DEATH 1 X Natural 5 Pending investig 3 Suicide 8 Could in determine Check only one) 29. CERTIFIER (Check only one) 2 MEDICAL EX	a. Subar Due To	D (OR AS A COND O (OR AS A CON	Hemoseovence of secuence of se	HOWAJ 1317 npt enter the m Orrhage OF): OF): OF): OF): OF): OF): OF): In the underlyle 28.1 A Nursing Ho ME OF NJURY M 1 Tred at the time, dat	COKESDUM COK	Part I. theck only of 28d. Di 28f. Local control of time, de	24a. WAS. PERF 1 YES CATION (Street, Street,	AN AUTOPSY ORMED? 2 XXNO W INJURY O et and Numb ten)	Y 24 OCCURED tated, the cause	Md . 21009 Approximate Interval Betwo Onset and Da Da Da Da Da Da Da Da Da Da Da Da Da

		1 - STATE REGISTRAR	OIAIL OF MAINLE	CERTIF	ICATE OF	DEATH	REG. NO).	
	1400	1, DECEDENT'S NAME (First, Middle, Last) 8ABY GIRL	COLLEEN	ADAM	5		2. DATE OF DEATH ON THE SECOND	8 9	3. TIME OF DEATH
	1	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (1	In yrs. lest birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS 1 2 2	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	G C	MARYLAND
Should	1	96. FACILITY NAME (If not institution, give st MERLY MEDIC		ER		TIMORE		BALTIN	MURE CITY
Pages 1	DIRECTO	100. STATE 10b. COUNTY MARYLAND			Y, TOWN OR LOCAT				10d. INSIDE CITY LIMITS? 1 YES 2 NO
nsit permit.	FUNERAL I	10e. STREET AND NUMBER 8567 TIDES	CT.		101	ZIIP CODE	 ک	10g. CITIZEN	OF WHAT COUNTRY?
3146 ling physician. the burial-transit	BY FUN	11. MARITAL STATUS 1 Dever Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, etc.)		RACE — American Indian, Black, White, atc. Specify: WHITE
21203- rital or attend d for use as	PLETED	15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12)		(Give kind of life. Do NOT u	USUAL OCCUPATION work done during more natival.)	est of working		N.A.	
be de	at once.	17. FATHER'S NAME (First, Middle, Lest) THOMAS J. ADAMS				18. MOTHER'S NA SHARI	ME (First, Middle, Maiden	Sumame) ADAM	.5
MARY be retained ge 5 should	TO BI	190. INFORMANT'S NAME (Type/Print) THOMAS & SHARON A	DAMS	854		and Number or Aural		DENA,	MJ 51155
ALTIMORE, I leath. Page 6 may be funeral director, page	must be	20a. METHOD OF DISPOSITION XX Buriel 2 Cremation 3 Rem 4 Denation 5 Other (Specify)	oval from State (GLEN HAV	SITION (Name of cer EN MEMOR	IAL PARK	GI	EN HAVE	or Town, State 21061 EN, MARYLAND
	examiner must	21. SIGNATURE OF PRINCIPAL SERVICE OF	Rode	mes)	BARRAN 195 RI	NO ADDRESS OF FA CO & SON TCHIE HW	S FUNERAL Y SEVERNA	HOME PARK,	21146 MARYLAND
3. BOX 13146, B. Conficate be executed within 24 nours after ng physician and completely filled in by the giene prior to burial, cremation, or removal	y, or other traumatic event, the medical CERTIFICATION	23. ART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition mounting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. HYPER K DUE TO (OR AS A AC I DO S DUE TO (OR AS A RESPIRA DUE TO (DR AS A	ACONSEQUENCE OF A CONSEQUENCE OF A CONSE	nlA Dri: FAI	LUPE		iratory arreat,	Approximate interval Batwee Onset and Daat
requires that the death control signed by the attendit of Health and Mental Hy	MEDICAL	PART II. Other significant condition BRONCHOPULMS ENTERO LOLI	ONARY DY		in the underlyin	g cause given in	O-FFC	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 ND
AL The law te has the bept ate Dept	PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	netlant 2 DOA	OTHER:	LACE OF DEATH (C	heck only one) 6 Other (Specify)		
HYSICIA nis cert		27. MANNER OF DEATH 1 Natural 5 Pending	28e. DATE OF INJURY (Month, Day, Year)	28b. Til	ME OF 28c. IN.	JURY AT ORK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURE	ED
DIVISION (OR ATTENDING P DIRECTOR: After th hours after death v	8 G	2 Accident investigation 3 Suicide 6 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spec		street, factory, offic	C0	281. LOCATION (Street City or Town, State		turel Route Number,
HOSPITAL OR FUNERAL DIRE	ANT: If Item 2	Conton stuy	ICIAN: To the best of my know ER: On the basis of axemination						use(s) and manner as stated.
TO THE HOSPITAL TO THE FUNERAL De filed within 72 t	BE	200. SIGNATURE AND TITLE OF CERTIFIE MULTI- O O O O O O O O O O O O O	Kelly 1	M.J.		10-34	73/		GNED (Month, Day, Year) — 18 — 9
	₹ 2		MERLY N	NEDICA	+L CT	2. 51	. PAUL	PL.	
		31. DATE FILED (Month, Day, Year)	32. REGISTRAR'S SIGN	NATURE					

30

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, CHARLES		CEHI	IFICATE (JE DEATH	F	EG. NO.		
CHARLES	Last)	CONTER			2. DATE OF	DEATH DAY	V510	3. TIME OF DEATH
	Α.		ARNOLD,	JR	06	12	91	2:30 AM
4. SOCIAL SECURITY NUMBER 283-20-0663	5. SEX	6. AGE (In yrs. last birth	day) IF UNDER 1 Y		7. DATE OF I	y, Ybar)	Coun	HPLACE (State or Foreign try) MA
9a. FACILITY NAME (If not institution,	give atreet and number)	03	9b. CITY, TO	WN OR LOCATION OF D			OUNTY OF I	
NORTH ARUNDEL		SOCIATION		N BURNIE			Α.Α.	COUNTY
100	ounty one Arundel		CITY, TOWN OR I					10d. INSIDE CITY LIMITS? 1 YES 2 V NO
10e. STREET AND NUMBER	me Arunder		Pasadena	101, ZIP CODE		100	CITIZEN OF	WHAT COUNTRY?
6 Drum Court				21122		1	J.S.A	
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1	NT EVER IN U.S. ARMED X YES 2 NO MAR OR DATES + Korea	If y	B DECENDENT OF HISPA DB, apocity Cuban, Mexic YES 2 A NO Speci	an, Puerto Rica		Blac	E - American Indian, ck, White, atc. City: White
15. DECEDENT'S	S EDUCATION	16a. DECEDE	NT'S USUAL OCCI		16b. K#	ID OF BUSINESS	/INDUSTRY	
(Specify only highest Elementary/Secondary (0-12)	College (1-4 or 8	Mile Do A	d of work done duri IOT use retired.)	ng most of working				
Grade - 12	None		al Cleri	2	(Sovernme	ent	
17. FATHER'S NAME (First, Middle, La	st)			18. MOTHER'S N	AME (First, Midd	le, Maiden Surnan	10)	
Charles A. Arr	nold Sr.			Marion	E. Hog	gan		
19a. INFORMANT'S NAME (Type/Print)	19b, MA	ILING ADDRESS (S	treet and Number or Rural			, Zip Code)	
Virginia Arno	old .	6 D	rum Cou	t, Pasade	na MD 2	21122		
20g METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3	Removal from State	20b. PLACE AND	DATE OF DISPOS	TION (Name	DATE	20c. LOCATION	I — City or 1	Town, State
4 Donation 5 Other (Specify,		Glen Ha	ven Mem	Park 6-	15-91	Glen I	Burnie	e, MD
21. SIGNATURE OF FUNERAL SERVI	CE LICENSEE	no	K	me and address of F rkley Fur 21 Crain H	neral	Home		1
Sequentielly liet conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. myor overto	ON AS A CONSEQUENT	teretion	<u> </u>	Mar	disea	De	
resulting in death) LAST	d. ditiona contributing to	death but not resul	ting in the unde	riying cause given i		a. WAS AN AUTOR PERFORMED?		
PART II. Other algolificant con	4211111						, I	AMAILABLE PRIOR TO
PART II. Other algnificant con	lue					- 1 - 1 - J	·	AMAILABLE PRIOR TO COMPLETION OF CAUS
25. WAS CASE REFERRED TO MEDI	CAL			26. PLACE OF DEATH (C				AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
renal gui	CAL HOSPITAL:	□ ER/Outpatient 3 □ D	OTHER:	26. PLACE OF DEATH (C	heck only one)			COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDI- EXAMINER?	CAL HOSPITAL: 1 Inpatient 2 28a. DATE 0	F INJURY 28	DA 4 Nursin	g Home 5 - Residence	heck only one) 6 Other (S			AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDICE EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending	CAL HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, i	-	b. TIME OF 11	g Home 5 🗆 Residence	heck only one) 6 Other (S	ipecify)		AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH?
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	CAL HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, institution to be building	F INJURY 28	b. TIME OF 1NJURY M	g Home 5 Residence lc. INJURY AT WORK? 1 YES 2 NO	theck only one) 6 Other (S 28d. DESCR	ipecify)	OCCURED	AMILABLE PRIOR TO COMPLETION OF CAU- OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident Investig 4 Homicide 6 Could a determine Check only 1 CERTIFVING	CAL HOSPITAL: 1 Inpatient 2 28a. DATE O (Month, institution to be building	FINJURY Day, Year) OF INJURY — At home, 1, stc. (Specify) of my knowledge, death of	DOA 4 Nursin	g Home 5 Residence Ic. INJURY AT WORK? 1 YES 2 NO , office	6 Other (S 28d, DESCR 28f, LOCATE City or 1	pecify) IBE HOW INJURY ON (Street and Nu	OCCURED mber or Rura	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investig 2 Accident Investig 3 Suicide 6 Could a determine Check only 1 CERTIFIER (Check only 1 CERTIFYING	CAL HOSPITAL: 1 Inpatient 2 28s. DATE 0 (Month, interpretation of the besident) PHYSICIAN: To the beside of	FINJURY Day, Year) OF INJURY — At home, 1, stc. (Specify) of my knowledge, death of	DOA 4 Nursin	g Home 5 Residence Ic. INJURY AT WORK? 1 YES 2 NO , office	6 Other (S 28d. DESCR 28f. LOCATH City or 1	pecify) IBE HOW INJURY ON (Street and Nu own, State) (a) and menner at d place, and dua	OCCURED mber or Rura stated. to the cause	AMAILABLE PRIOR TO COMPLETION OF CAUSOF DEATH? 1 YES 2 NO

10 Miles Johnson Williams

OHMH-16 Rev 1/89

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DIVISION OF VITAL RECORDS, P.O. BOX 68/60,	F	黄	3	-
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	뽀	포	8	90
	TO THE HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 hours after dea	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.	IMPORTANT If New 28 is marked or Hem 23 shows any injury or other traumatic event the medical exa
	F	F	۵	

	1 - STATE REGISTRAR	SIAIL OF MA	RYLAND /			DEATH		EG. NO.			
	1. DECEDENT'S NAME (First, Middle, Leat)			411			2. DATE OF	DEATH	/ YE	3. T	IME OF OEATH D
	SH	ARON KAY B	LAIR				JUI		1991		11:15
1 A	4. SOCIAL SECURITY NUMBER 285-64-1253	5. SEX 8.	AGE (In yrs. les		UNDER 1 YEAR NTHS DAYS	IF UNDER 24 HRS, HOURS MIN.	7. OATE OF E (Month, Da MAY	y, Year)		Country)	E (State or Foreign
	9a. FACILITY NAME (If not institution, give	street and number)		96	CITY, TOWN	OR LOCATION OF DE			9c. COUNTY		
TOR	NATIONAL NAVA	L MEDICAL	CENTER		BE'	THESDA			MON	GOME	RY
DIRECTOR	MARYLAND MON'	ry TGOMERY		10c. CITY, T	OWN OR LOCA	TION HERSBURG					INSIDE CITY LIMITS? YYES 2 \(\subseteq \text{NO} \)
	10e. STREET AND NUMBER	IGOTEKI				H. ZIP CODE			10g. CITIZEN	1	
ER/	35 GOLD KETTLE	COURT				2087	78-272	, :	IINI	TED	STATES
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT 6				CENOENT OF HISPAN	IIC ORIGIN? (S	pecify Yes		RACE - A	merican Indian,
F	1 Never Married 2 Married	FORCES? 1		40		pocify Cuban, Maxica S 2 🔯 NO Specify		ı, etc.)		Black, Wh Specify:	Re, etc.
ВУ	3 Widowed 4 Divorced					21					WHITE
	15. DECEDENT'S ED (Specify only highest grad		(G	CEDENT'S USI	done during me		16b. KIN	D OF BUS	INESS/INDUST	RY	
COMPLETED	Elementary/Secondary (0-12)	College (1-4 or 5+)	life	. Do NOT use re	tired.)	-11 -100					
MP	12			Homem	aker		_	Own H			
CON	17. FATHER'S NAME (First, Middle, Last)					18. MOTHER'S NA	ME (First, Midd	le, Maiden S	Surname)		
111	CHARLES ALL	EN PHILLIP					CE NAC				
TO B	19a. INFORMANT'S NAME (Type/Print)		19	b. MAILING AD	DRESS (Street	and Number or Rural I				-	
-	WILLIAM F. BLAIR		_			LE COURT					878-2727
	20a. METHOD OF DISPOSITION t X Buriel 2 Cremetion 3 Rec	moval from State		AND DATE OF			DATE		ATION — City		
	4 Donetion 5 Other (Specify)		Lake	View C			6-16	QUIT	ncy, M	rcurá	jan
	21. SIGNATURE OF FUNERAL SERVICE L	ICENSEE				Funeral S		ec [Δ		
	cellen	V. Kap	Rp .		933 G	ist Avenu	ue. Si	lver	Spring	a. ME	20910
	23. PART I. Enter the diseases, or shock, or heart failure IMMEDIATE CAUSE (Final disease or condition resulting in death)	aADENO	on each line	OMA OF		ode of dying, suc		or reapi	ratory arrest	,	Approximate interval Batween Onset and Deatl
CATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	b	R AS A CONSE	OUENCE OF):							
RTIF	CAUSE (Disease or injury that initiated events resulting in death) LAST	oue to (o	R AS A CONSE	OUENCE OF):							
CERTIFICATION	that initiated events resulting in death) LAST	d			the underful	ng churc given in	Part i 24	- WINC AN	ALITTOREY	245 WE	SE MITTING V ENGINEERS
A A	that initiated events	d			the underlyin	ng cause given in		a. WAS AN PERFOR	MED?	AMA COI OF	RE AUTOPSY FINDINGS ILABLE PRIOR TO PPLETION OF CAUSE DEATH?] YES 2 [X] NO
A A	that initiated events resulting in death) LAST PART II. Other significant conditions	d					t∑	PERFOR	MED?	AMA COI OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
AN: MEDICAL	PART II. Other significant conditions to the condition of	d. one contributing to d	esth but not	resulting in s		ng cause given in	t∑	PERFOR	MED?	AMA COI OF	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
AN: MEDICAL	PART II. Other significant conditions to the conditions of the con	d. ons contributing to de	esth but not	resulting in s	26. F THER: □ Nursing Ho	PLACE OF DEATH (C)	neck only one) 6 □ Other (S	PERFOR	MED?	AMA COI OF t	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
AN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	HOSPITAL:	esth but not	resulting in s	26. F THER: \[\text{Nursing Hot} \] V 28c. IN W	PLACE OF DEATH (CA	neck only one) 6 □ Other (S	PERFOR	MED?	AMA COI OF t	ILABLE PRIOR TO IPLETION OF CAUSE DEATH?
TED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Natural 5 Pending	HOSPITAL: Inpatient 2 6 28e PLACE OF IN	esth but not ER/Outpatient : JURY Year) INJURY — At h	resulting in 1	26. F THER: Nursing Ho	PLACE OF DEATH (C/r me 5	eck only one) 6 Other (S) 26d. DESCR	PERFOR	MED?	AMA COM OF t	ILABLE PRIOR TO PPLETION OF CAUSE DEATH?] YES 2 [X] NO
TED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant conditions are selected as a selected a	HOSPITAL: Inpatient 2 1 28e. DATE OF IN (Month, Day, 28e. PLACE OF	ER/Outpatient : IJURY Year) INJURY — At h.c. (Specify)	resulting in 1	26. F THER: Nursing Hoo F Y M t et, factory, offi	PLACE OF DEATH (C/F) me 5	eck only one) 6 Other (S) 26d. DESCR 28f. LOCATIC City or 3	PERFOR YES 2 Decity) BE HOW If Own, State)	MED? NO NJURY OCCUR	AMA COVIDED TO THE CO	ILABLE PRIOR TO PLETION OF CAUSE DEATH? YES 2 NO NO NUMBER OF CAUSE DEATH? Number,
BE COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant conditions are selected as a selected a	HOSPITAL: None Non	ER/Outpatient : IJURY Year) INJURY — At h.c. (Specify)	resulting in 1	26. F THER: Nursing Hoo F Y M t et, factory, offi	PLACE OF DEATH (C/C) me 5 Residence JURY AT ORK? YES 2 NO lice te and place, and due death occured at the	28f. LOCATIC Other cause(other and the cause(other, data and	PERFOR YES 2 Decity) BE HOW If Own, State)	MED? NO NJURY OCCUR and Number or a stated. d due to the c 2ed. DATE Si	AMA COVIDED TO THE CO	ILABLE PRIOR TO PPLETION OF CAUSE DEATH? YES 2 M NO Number, d manner as stated.
COMPLETED BY PHYSICIAN: MEDICAL	that initiated events resulting in death) LAST PART II. Other significant conditions to the conditions of the condition	HOSPITAL:	esth but not ER/Outpatient : JURY Year) INJURY — At h. c. (Specify) y knowledge, d. mination and/or	DOA C 4 28b. TIME C INJUR	26. F THER: Nursing Ho PF Y M t et, factory, offi	PLACE OF DEATH (CR me 5 Residence JUHY AT ORK? YES 2 NO les te and place, and due death occured at the	eck only one) 6 Other (S 26d. DESCR 28f. LOCATIC City or 7 a to the cause(a time, data and	PERFOR YES 2 Decity) BE HOW IN ON (Street a own, State) a) and man	MED? NO NJURY OCCUR and Number or a stated. d due to the c	AMA COVIDED TO THE PROPERTY OF	Number, I manner as stated.

32. REGISTRAR'S SIGNATURE

11P' OC VIII.

TO BE COMPLETED BY FUNERAL DIRECTOR

REGISTRAR			ERLIE	ILAI	E UP	DEATH		REG. NO			
1. OECEDENT'S NAME (First, Middle, Last)				10711		DEATH		OF OEATH		_	3. TIME OF OEATH
Phyllis		Bec	kwith	,			MONT		AY 1	991	9:18 P M
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. I		IF UNDE	R 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		8. BIRTI	HPLACE (State or Foreign
105-22-9993	1 🗆 M 2 💢 F	7	7 YAS.	MONTHS	DAYS	HOURS MIN.	Jan.	15, 1	1914	Jam	aica
9a. FACILITY NAME (If not institution, give a	street and number)		- 2750	9b. CIT	Y, TOWN C	R LOCATION OF				NTY OF C	DEATH
Washington Adven	tist Hos	pital		7	Cakom	na Park			Prin	ce (Georges
10a. STATE 10b. COUNT					OR LOCAT						10d. INSIDE CITY LIMITS?
N/A			Wa	shin	-	, D.C.					1X YES 2 NO
10e. STREET AND NUMBER						ZIP CODE					WHAT COUNTRY?
72 Rittenhouse S	1					20011			_		States
11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. /	NO	13		ENDENT OF HISP ecity Cuban, Maxi			s or No-	14. RAC Blac	E — American Indian, ik, White, etc.
3 🔀 Widowed 4 🗌 Divorced	IF YES, GIVE Y	MAR OR DATES		-	1 TYES	24 NO Spec	city:	0		Spec B1	ack
15. DECEDENT'S EDU (Specify only highest grade		1	DECEDENT'S	work done	during mo	ON est of working	166	b. KIND OF BU	SINESS/IN		
Elementary/Secondary (0-12)	College (1-4 or 5	+)	recto			eer Cen	tor D	C P.	.h14.	Cah	0010
AT EATHER'S MANE (Fine Middle 1 - 1)	5+	DI	TECTO	1 01	oar		_			ocn	0018
17. FATHER'S NAME (First, Middle, Last) Alexander Raymou	19					Ada M	21-	Middle, Maider	Sumame)		
19a, INFORMANT'S NAME (Type/Print)	.0		ION MAN INV	C ADDD-	CC /C++	Ada M		shee City on T	on Ototo W	o Corto	
Karen Beckwith						e Stree					D.C. 2001
20a. METHOD OF DISPOSITION			E AND DAT				DAT	_	CATION -		
1 Donation 5 Other (Specify)	noval from State		urbar				1				oring, MD
21-DIGNATURE OF FUNERAL SERVICE LI	CENSEE \	7		22	. NAME AT	NO ADDRESS OF	FACILITY				
ALE	3 1					ire Fun			-		20012
Voierce	2.20	tun									on, D.C.
23. PART i. Enter the diseesee, or shock, or heart fellure.				not ente	er the mo	de of dying, so	uch ee csi	diec or resp	olratory sr	rest,	Approximete interval Between
IMMEDIATE CAUSE (Finel disease or condition	1										IIIIOI TOI DOLINGOII
Uisease of condition	1 1 11	100	1	-							Onset and Death
resulting in death)	IVU	JAP	LE	ù	ب'ب	500					
	a. DUE TO	OR AS A CONS	SEQUENCE O	OF):	y'u	500					
	s. DUE TO	V			y'u	500					
Sequentially list conditions, if any, leading to immediate	b. DUE TO	OR AS A CONS			ju	200					
Sequentielly list conditions, if any, leading to immediste cause. Enter UNDERLYING CAUSE (Disease or injury	c	(OR AS A CONS	SEOUENCE (OF):	ju	200					
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING	c	V	SEOUENCE (OF):	ju	500					
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	c	(OR AS A CONS	SEOUENCE (OF):	ju	50					
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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunk-transit permit. Pages filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21215-0020

10

31. DATE FILEO (Month, Day, Year)

JUN 21 '91

32. REGISTRAR'S SIGNATURE

3. TIME OF DEATH

1. OECEDENT'S NAME (First, Middle, Last)

2. DATE OF DEATH DAY

BALTIMORE, MARYLAND 21215-0020	24 hours after death. Page 6 may be retained by the hospital or	filled in by the funeral director, page 5 should be detached for u on, or removal.	he medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 flours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. In a fine within 72 hours after death with the State Dept. of Health and Mental Hydlene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

Arth		. Bergman					June	18,	1991		9:30 a. M
4. SOCIAL SECURITY NUMB 578-38-5383	ER	5. SEX (5. AGE (In yrs. In 70	et birthday) YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Monti	OF BIRTH	, [Country)	ACE (State or Foreign
9a. FACILITY NAME (If not int 14123 Fore					9b. CITY, TOWN C	OR LOCATION OF D		19,192	9c. COUN	reru. Ty of DEA tgome	
RESIDENCE OF DEC 10a. STATE Maryland	10b. COUNT	gomery			Y, TOWN OR LOCAT						od. INSIDE CITY LIMITS? X YES 2 NO
100. STREET AND NUMBER 14123 Fores	t Ridg	ge Drive			101	20878	П		10g. CITE		AT COUNTRY?
11. MARITAL STATUS 1 Never Merried 2 3 Widowed 4 Divo		12. WAS DECEDENT, FORCES? 1.4 IF YES, GIVE WA	EVER IN U.S. A YES 2 T R OR DATES	RMEO NO .W.2	If yes, sp	ENDENT OF NISPA	an, Puerto		or No—	14. RACE - Black, V Specify:	- American Indian, White, atc. White
	EDENT'S EDU highest grad		S	Give kind of b. Do NOT u	usual occupation work done during mo se retired.)	DN st of working	16b	Bank	SINESS/IND	USTRY	
17. FATHER'S NAME (First, Mi Arthur J.	Berg	gman				16. MOTHER'S N		Middle, Malden Sheare			
19a. INFORMANT'S NAME (7) Cynthia S. 1		an (Sist			ADDRESS (Street a						854
20a. METHOD OF DISPOSITI 1 Burial 2 Crematio 4 Donation 5 Other	n 3 🗆 Ren (Specify)		of cemetar	y, cremator	e of disposition y or other place) rt Crema	tory	6-2	l Ale	x. VA	City or Town	
21. SIGNATURE OF FUNERAL	L SERVICE L	ICENSEE				ph GAW1 Wiscon					
23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fin disease or condition resulting in death)	eart failure.	a. Respira	tory F	ailur EQUENCE C	; e OF):	acut	e & c		·	eat,	Approximate Interval Between Onset and Death
Sequentially llat condition if any, leading to immecause. Enter UNDERLY! CAUSE (Disease or injuit that initieted events resulting in deeth) LAS	diate NG ry	C	DR AS A CONSI	EOUENCE C	DF):	ansassi					Yrs.
	P D	Malnutri F Prostate	tion	resulting	in the underlying	g cause given i	n Part I.	24a. WAS AN PERFOR	RMED?	0	VERE AUTOPSY FINDINGS NAILABLE PRIOR TO COMPLETION DF CAUSE OF DEATH? VES 2 NO
25. WAS CASE REFERRED TO EXAMINER?	O MEDICAL	HOSPITAL:	ER/Outpatient	3 🗆 DOA	OTHER:	LACE OF DEATN (C					
**	Pending Investigation	28a. DATE OF II (Month, Day		28b. TH	JURY WO	IURY AT DRK? YES 2 NO	28d. DE	SCRIBE NOW	INJURY OC	CURED	~~
3 Suicide 8	Could not be determined	28e. PLACE OF building, e	INJURY — AI I	nome, farm,	atreet, factory, offic			CATION (Street or Town, State		or Rural Ro	ute Number,
cond. oray		SICIAN: To the best of n									and menner as stated.
29b. SIGNATURE AND TITLE	Š.	Lawa	-			29c. LICENSE N					Month, Day, Year)
John Saia,	MD.	809 Viers	Mill	Rd.		Le, MD.	20851				0
JUN 21	'91	32. REGISTRAF	avidson		2						

	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the host	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache filed within 72 hours after death with the State Deot, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	ŀ
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	2	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fu be fleet within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	1	

TO BE COMPLETED BY PHYSICI

	1. DECEOENT'S NAME (First, Middle, Las	10)							2. DATE OF MONTH	DEATH	AY	YEAR	3. TIME OF	EATH
	CELEST		I.		EHLEI	3			Jun	e 1		991		5 P. M
	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. less	birthday)	IF UNDER	1 YEAR	IF UNDET	MIN.	7. DATE OF (Month, D	ey, Yber)		Countr		
	577-26-1276 Ba. FACILITY NAME (If not institution, given	1 □ M 2 😾 F	69	YRS.			OR LOCATI			13,		Was		on, DC
	12 Piping Rock						er Sj	orin	3		Mo	ntgo	mery	
	Maryland 106. COU	Montgom	ery	10c. CIT	Y, TOWN		er Si	prin	3				10d. INSIDE LIMITS?	
	10e. STREET AND NUMBER					101	. ZIP COD	E			10g. CITI	ZEN OF W	HAT COUNTR	Y?
	12 Piping Ro							904				USA		
	11. MARITAL STATUS 1. Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDEN FORCES? 1 IF YES, GIVE W	YES 2 WN	MED		If yes, sp	ENDENT (an, Mexica	NIC ORIGIN? (in, Puerto Rici y:	Specify Ye in, etc.)	s or No—	14. RACE Black Speci	: — American I, White, etc. Ily:	White
I	15. DECEDENT'S E (Specify only highest gri	DUCATION ade completed	16a. OE	CEDENT'S	USUAL O	CCUPATIO	ON world	ine	16b. KI	ND OF BU	SINESS/INC	USTRY		
	Elementary/Secondary (0-12) 1-12	College (1-4 or 5 +) ifa.		work done ee retired.) kkeep		at or work		Se	lf e	mploy	ed		
	17. FATHER'S NAME (First, Middle, Last) John F.	THER'S NAME (First, Middle, Last) John F. Buehler							ME (First, Mide					
	10a. INFORMANT'S NAME (Type/Print) Richard Finerar	ı							Route Number, City or Town, State, Zip Code) , Silver Spring, Md. 20				1. 2090)4
	2Qa. METHOD OF DISPOSITION 1/E Burlal 2 Cremation 3 R. 4 Donation 5 Other (Specify)	emoval from State	20b. PLACE other place Gate	ece)							ver S			2090
	21. SIGNATURE OF PURE FIAL SOFFICE	LICENSEE	· OR		22. H]	nes	NO ADDRE	aldi		a1 H	ome			
	23. PART I. Enter the diseases, o shock, or heert failur IMMEDIATE CAUSE (Final disease or condition resulting in death)	re. List only one ceu	t caused the deese on each line O S (OR AS A CONSECUTION)		not ente	the mo	ode of dy						Appro	ximste al Between and Desth
	Sequentially list conditions,		OR AS A CONSE			M							7	yng.
	If any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury	c												_
	that initiated events resulting in death) LAST	d	(OR AS A CONSEC	DUENCE C	OF):									
	PART II. Other algoriticant condit	lone contributing to					g cause	given in		PERFO	AUTOPSY PIMED 2 NO	24b	WERE AUTOP AMAILABLE PI COMPLETION OF DEATH?	RIOR TO OF CAUSE
	25. WAS CASE REFERRED TO MEDICAL					26. P	LACE OF I	DEATH (C)	neck only one)					
	EXAMINER?	HOSPITAL:			OTHE									

28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 8 Could not be 4 Homicid 29s. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the

28c, INJURY AS WORK? 1 YES 2 NO

6 C Other (Specify)

28d. OEȘCRIBE HOW INJURY OCCURED

Mai Deceling w)	29c LICENSE NUMBER	≥ 6 -/7 · 5
30. NAME AND ADDRESS OF PERSON, WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) MARIN OCOLO, RG, MIN 120/	2 VEIRS MILL 16	A WHEAT
		<u> </u>

JUN 21 '91 32. REGISTRAN'S SIGNATURE
Julia Davidson

28a. DATE OF INJURY (Month, Day, Year)

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 25 nouns after death. Page 6 may be retained by the hospital or attended to the company of the property of attended to the property of	TO THE FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as he flued within 72 hours after death with the State Deut, of Health and Mental Hodiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPI	(Check only 2 MEDICAL EXAMIN 296, SIGNATURE AND TITLE OF CERTIFI	HCIAN: To the best of my know	-		opinion, death occu	red at the ti	me, date and place, a	nd due to the c	Susse(s) and manner as sta	ted.	
COMPLETED B	3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY building, etc. (Spe	city)				28f. LOCATION (Street City or Town, State)	Rural Route Number,		
ву Рну	27. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation		Id. DESCRIBE HOW INJURY OCCURED								
rsic	EXAMINER?										
PHYSICIAN: M	1 YES 2 NO 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATH (Check only one)										
MEDICAL	PART II. Other significant condition	ns contributing to deeth b	out not resulting	in the u	nderlying cause	given in P	art I. 24a. WAS AF PERFO 1 TYES	RMED?	24b. WERE AUTOPSY FINI AMAILABLE PRIOR TO COMPLETION OF CAI OF DEATH?	USE	
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 2. DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
NO	shock, for heart fellure. Liet only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) Metastatic prostate cancer Onget and De Oue TO (OR AS A CONSEDURACE OF): Interval Between Cancer Onget and De Oue TO (OR AS A CONSEDURACE OF):										
	SNOWDEN FUNERAL HOME, P.A. ROCKVILLE, MD 20850 23. PART I. Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arreat, Approximate										
	4 Donation 5 Dother (Specify) Good Hope Cemetery Silver Spring, MD 21. SIGNATURE OF FUNERAL SERVICE LICENSEE // 22. NAME AND ADDRESS OF FACILITY										
	Mary L. Burton (wife) 1307 Smith Village Rd., Silver Spring, MD 20a. METHOD OF DISPOSITION 21a. METHOD OF DISPOSITION (Name of cometer), crematory or other place) 21b. PLACE OF DISPOSITION (Name of cometer), crematory or other place)										
TO B	19a. INFORMANT'S NAME (Type/Print) Marsz T Rustor	(wife)	F 10 10 C 5 C 5 C				ute Number, City or Tox		202		
BE CO	17. FATHER'S NAME (First, Middle, Last) Percy Burton						E (First, Middle, Melden lotte ?	Sumame)		1	
COMPLETED	Elementary/Secondary (0-12) 8th	College (1-4 or 8+)	Mail		rk				al Service		
	15. DECEDENT'S EDU (Specify only highest grade	CATION completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	work done	during most of world	ng	16b. KIND OF BU	SINESS/INDUS	TRY		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? XXYES IF YES, GIVE WAR OR DO	2 NO			OF HISPANIC an, Maxican,	ORIGIN? (Specify Yer Puerto Rican, etc.)		RACE — American Indian, Black, White, etc. Specify: Black	,	
FUNERAL	100 STREET AND NUMBER 1307 Smith Vil	llage Road			101. ZIP COD	€ 0904		- 1	OF WHAT COUNTRY?		
	Maryland 10b. COUNT	Montgomery			on LOCATION Ver Spr	ing			10d. INSIDE CITY LIMITS? 1 YES 2 X N	0	
DIRECTOR	Montgomery Ge				ney			Monte	omery		
	577-26-7731 So. FACILITY NAME (If not institution, give s	street and number)		9b. CITY	, TOWN OR LOCATI	ON OF DEAT	August	9c. COUNTY	924 Mary	.an	
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (in yrs. last birthday)	IF UNDER	1 YEAR IF UNDER	MIN.	7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Forei Country)	ign	
	Ulice Burt	on					June 17	199	3. TIME OF DEATH 2:20p.	м	
	1. DECEDENT'S NAME (First, Middle, Last)										

3/6/2 40 Logish, 32. REGISTRAR'S SIGNATURE
Sulia Davidson

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-, fours after death. Page 6 may be retained by the hosp TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be find within 72 hours after death with the State Dept. of Health and Mental Hyghen prior to build, cremation, or removal. IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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30

31. DATE FILED (Month, Dey. Year)

JUN 20 '91

. DECEDENT'S NAME (First, Middle, Last)					DEATH	2. DATE OF DEATH		3.	тие обреден
Richar	d Ulsh	Bashor				MONTH	14	9 / P	444 A
I. SOCIAL SECURITY NUMBER					IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)	1	8. BIRTHPL Country)	ACE (State or Foreign
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De. FACILITY NAME (If not institution, give st	treet and number)		9b.	CITY, TOWN O	R LOCATION OF DE	EATH	9c. COU	INTY OF DEAT	
Suburban Hospital				Bet	hesda		Mor	tgome	257
RESIDENCE OF DECEDENT							1 1001		- 4
10e. STATE 10b. COUNTY	1	10c. CITY, TO	OWN OR LOCAT	ION				DI INSIDE CITY	
Maryland Montgomery					esda				TES 2 NO
10e. STREET AND NUMBER				101	ZIP CODE		10g. CITIZEN OF WH		
8650 Burning Tree	Road				20817	7	Un	ited S	States
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARI				NIC ORIGIN? (Specify in, Puerto Rican, etc.)		14. RACE - Black, V	American Indian, White, etc.
1 Never Married 2 Merried	IF YES, GIVE WA				2X NO Specif			Specify:	
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Elementary/Secondary (0-12)									
	5	Re	etail	Mercha				shings	5
17. FATHER'S NAME (First, Middle, Last)					16. MOTHER'S NA	ME (First, Middle, Mai	den Sumame)		
Ammon Bashor					Mollie	Ulsh			
19a. INFORMANT'S NAME (Type/Print)		196	. MAILING AD	DRESS (Street	and Number or Rural	Route Number, City or	Town, State, Z	tip Code)	
Andrew d'Elia		10	0356 W	indstr	eam Driv	e Columbi	a, Ma	ryland	21044
4 Donation 6 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICE 4 DONATURE OF FUNERAL SERVICE LICE 4 DONATURE OF FUNERAL SERVICE LICE 5 DONATURE OF FUNERAL SERVICE LIC	censee over		omery 0672	22. NAME A	orium, in ADDRESS OF FA t A. Pum Chase, sda, Ma				aryland Bethesda Avenue
23. PART I. Enter the diseases, or canonic shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition	List only one caus				ode of dying, su	ch as cardlec or n	epiratory a	rreat,	Approximate Interval Betwoonset and De 10 Min
resulting in death)	DUE TO	OR AS A CONSEC	DUENCE OF):						
	C	ardiom	yona	Ky-					5 yrs
Sequentially list conditions, If any leading to immediate Due to (or as a consequent				NCE OF):					
	If any, leading to immediate cause. Enter UNDERLYING Valuular			teart discour					15 4/1
If any, leading to immediate cause. Enter UNDERLYING	c								
If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	C. DUE TO	OR AS A CONSEC	QUENCE OF):						i
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Ferrana Dr 32 REGISTRAR'S SIGNATURE
Julia Davidson Rondon

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BENJAMIN HAT LAND BLIZZARD SALONAL SECURITY INSIDER 10-10-05-45 90-02-2-7 81 vms. were under the food of the control of th	1. DECEDENT'S NAME (First, I	fiddie, Last)			ERTIF		. 0.	DEA		REG. NO 2. DATE OF DEATH			3. TIME OF DEATH
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Second Company Seco	1 Never Morried 2 📥 k	11. MARITAL STATUS 1 Never Merried 2 Merried IF YES, GIVE WAR OR DATE				1	f yes, sp	ecity Cube	n, Mexica	n, Puerto Rican, etc.)	s or No—	14, RACE Black, Specif	— American Indian, White, etc.
Exementary Tacondary (0-17) Tarmer Farmer Farmer Farming				16a. Di	ECEDENT'S	USUAL O	CUPATK)N	_	16b. KIND OF BU	ISINESS/IN		12 00
Transfers name (First, Mickle, Mackin, Markin, Mickle, Mickle, Markin, Mickle,				(6	Sive kind of a B. Do NOT u	work done o	during mo	et of working	ng	24.5			
15. MOTHER'S NAME (First, Middle, Law) 15. MOTHER'S NAME (First, Middle, Surfame) 17. Call 17. Call 18. Call 17. Call 18. Call	ziolitati procentati y (o	-,	90 (1-4 01 0 1)	5 B	Farm	er				farmi	ng		
The INFORMANT'S NAME (Type/Print) Bertha S. Blizzard 155. Smith Ave Westminster, Md 211! 265. Method of Disposition 100 PLACE of DISPOSITION (Name of committy, commistor) 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 LOCATION - City of Town, State 200 Ming County 200 M	17. FATHER'S NAME (First, Mid	die, Last)						15. MOT	HER'S NA				
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PART II. Other algnificant conditions contributing to death but not resulting in the underlying cause given in Part I. 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 28. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 MO 28. PLACE OF INJURY AT MONEY (Morth), Day, New (Money), Day of the basis of axamination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29. SIGNATURE AND TITLE OF CERTIFIER 20. LICENST IVE 10 DISCREPANION 20. LICENST IVE 2 NO 20. LICENST IVE 2 NO 20. LICENST IVE 2 NO 20. LICENST IVE 2 NO 20. LICENST IVE 2 NO 20. LICENST IVE 2 NO 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVE 3 DISCRIPTION 20. LICENST IVER 3 DISCR			/_/	C	arro	TT (rei	nati	on		Wamp	pstea	ad, Md
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Sequentially list conditions, if enry, laeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CON	disease or condition	a	DUE TO (OF	AS A CONS	C V A							7 DAY	
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29a. CERTIFUND PHYSICIAN: To the best of my knowledge, death occurred at the time, date and place, and due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, No. 1) 10 1663	EXAMINER?		(Month, Day, Year) IN				M 1 YES 2 NO						
(Check only one) 2 MEDICAL EXAMINER: On the best of my knowledge, death occurred at the time, date and place, end due to the cause(e) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIER 29c. LICENSE NUMBER 29d. DATE SIGNED (Month, Day, Manner of Doll 66.3)	EXAMINER? 1 YES 2 MA 27. MANNER OF DEATH 1 Retural 5 F 2 Accident	ending rvestigation	(Month, Day,	a at time			f — At home, farm, street, factory, office colly) 28f. LOCATION (Street and Number or Rural Route N City or Town, State)					Ioute Number	
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1, DECEDENT'S NAME (First	, Middle, Last)	TOL	IN DENGL	AD DEV	CK CD			2. DATE OF OEATH		1. TIME OF DEATH
JOH	N	Bec	N DEIGH	AIC DEA	CR SR			MONTH D		YEAR 11200 M
4. SOCIAL SECURITY NUM	BER	6. SEX	6. AGE (In yrs. les		IF UNDER 1 YE		DER 24 HRS.	7. OATE OF BIRTH (Month, Day, Year)		B. BIRTHPLACE (State or Foreign Country)
198-26-60	354	1 M 2 D F	89	YRS.	MONTHS DA	YS HOUR	B MIN.	12-10-0	1	Deleware
90. FACILITY NAME (If not in	nstitution, give s	street and number)			9b. CITY, TO	WN OR LOC	ATION OF DE	EATH	9c. COUNT	TY OF OEATH
MORTHUMAN RESIDENCE OF DE	4	ahor			FREC	evick			FRE	derick
10a. STATE	10b. COUNT	Υ		10c. CITY,	TOWN OR L	OCATION				10d. INSIDE CITY
Maryland	Frede	erick		F:	reder:	ick				1 YES 2 NO
10e. STREET AND NUMBER		1				101. ZIP C	DDE		10g. CITIZ	EN OF WHAT COUNTRY?
Shookstov	n Road	d -				21	702		U.	S.A.
11. MARITAL STATUS		12. WAS DECEDER	IT EVER IN U.S. AR			DECENDEN	T OF HISPAN	NIC ORIGIN? (Specify Ye	or No-	14. RACE — American Indian,
1 Never Merried 2 X 3 Widowed 4 Dive			YES 2 1	10			iben, Mexice iO Specifi	on, Puerto Rican, atc.) y:		Black, White, etc. Specify: White
	CEDENT'S EOU				JSUAL OCCUI		ekina	16b. KIND OF BU	SINESS/INDU	
Elementary/Secondary (College (1-4 or 5	Min.	Do NOT use	retired.)	y most or wo	viung.			
		5 plus	7	/eter:	inaria	an		Profes	sor/D	irector
17. FATHER'S NAME (First, A	Aiddle, Last)				-	16. M	OTHER'S NA	AME (First, Middle, Malden	Surname)	
Charles				Beck			Alice			Denglar
190, INFORMANT'S NAME (Type/Print)		19	. MAILING	ADDRESS (St	reet and Num	ber or Rural	Route Number, City or Tox	m, State, Zip (Code)
Jean B. Ea	agleson	n		1332	David	d Lan	e Fr	derick, Ma	rylan	d 21702
20m. METHOD OF DISPOSIT	TION	-	20b. PLACE	OF DISPOSI	TION (Name o				-	ity or Town, State
1 XBurial 2 ☐ Cremati 4 ☐ Donation 5 ☐ Othe		noval from State	Unic		netery			Bur	kitts	sville, Md.
21. SIGNATURE OF FUNERA	AL SERVICE LI	CENSEE			22. NAN	IE AND ADD	RESS OF FA	CILITY		
Douglas	A. Fi	iery (volan X.	7in.	Ba	ast Fi	mera.			oonsboro Pike oro, Maryland
Sequentially list conditions, leading to immeause. Enter UNDERLY CAUSE (Disease or injusted events resulting in death) LAS	odiate /ING ury	b. DUE TO	O (OR AS A CONSE	DUENCE OF	rote	C	ends	covas au	lad	hoeas
PART II. Other algnific	-	d	death but not	resulting in	n the under	rlying caus	e given in	Part I. 24a. WAS AF		24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO
								1 YES	2 Ø NO	COMPLETION OF CAUSE OF DEATH?
25. WAS CASE REFERRED	TO MEDICAL					26. PLACE O	F DEATH (C)	heck only one)		1
EXAMINER?		HOSPITAL:	☐ ER/Outpetient 3		OTHER:	Home 5	Residence	6 Other (Specify)		
	Pending	26a. DATE O (Month,	F INJURY Day, Year)	28b. TIME INJU	OF 28	WORK?		26d. DESCRIBE HOW	INJURY OCC	URED
2 Accident 3 Suicide 6 4 Homicide	Could not be determined	28e. PLACE building	OF INJURY — At he	ome, farm, st	treet, factory,	office		281. LOCATION (Street City or Yown, State	and Number (or Rural Route Number,
200 SIGNATURE AND TITLE 30. NAME AND ADDRESS O	OF CENTIFIE	ER: On the basic of	USE OF DEATH (ITE	Investigation	n, in my opini	ion, death o	LICENSE NU		nd due to the	sid. couse(e) and manner as stated. SIGNED (Month, Day, Year) A A A
31. DATE FILED (Month, Dey	02 '9	32. REGISTR	AN'S SIGNATURE Fulia David	son-Par	ndelle					

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2—curs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, ashout be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. BALTIMORE, MARYLAND 21203-3146 DIVISION OF VITAL RECORDS, P.O. BOX 13146,

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	REGISTRAR	CERTIFI	CALE	F DEATH	RE	G. NO.		
		BOW	MAN		2. DATE OF DE	25/9	YEAR	3. TIME OF DEATH 6 122 PM
	220-05-6086 1□M2以F 88	s. last birthday) YRS.	IF UNDER 1 YEAR		7. DATE OF BIR (Month, Day, May 3,	1903	Country	PLACE (State or Foreign ryland
_	9a. FACILITY NAME (if not institution, give street and number)		9b. CITY, TOW	N OR LOCATION OF DE	ATH	9c. COU	INTY OF DI	EATH
FUNERAL DIRECTOR	Western Maryland Center-1500 Pennsylvan	ia Ave.	Hagens	town, Maryla	and	Wast	hingto	n
SE	10a. STATE 10b. COUNTY	10c. CITY	, TOWN OR LO	CATION				10d. INSIDE CITY LIMITS?
5	Maryland Washington	Ch	ewsvil	le				1 X YES 2 □ NO
AL	10a. STREET AND NUMBER			10f. ZIP CODE		10g. CIT	TIZEN OF W	NAT COUNTRY?
Ë	P.O. Box 70			21721			USA	
	11. MARITAL STATUS 1 Never Married 2 Married IF YES, GIVE WAR OR DATES	S. ARMED R X NO S	If yes	DECENDENT OF HISPAN specify Cuban, Maxica (ES 2 NO Specify	n, Puarto Rican,		14. RACE Black Speck	- American Indian, , White, atc.
ВУ	3 X Wildowed 4 Divorced			<u> </u>				" writte
	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	a. DECEDENT'S	USUAL OCCUP	ATION most of working	16b. KIND	OF BUSINESS/IN	DUSTRY	
COMPLETED	Elementary/Secondary (0-12) College (1-4 or 5+)	Ho. Do NOT US	us ewif	2	He	ome		h h
OMI	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NA	ME (First, Middle,	Maiden Surname)		
BEC	Barry Hartle			Emma Ha	vrp			
	19e. INFORMANT'S NAME (Type/Print)	TOTAL BUTTON		et and Number or Aural i		y or Town, State, Zi	lp Code)	
70	Rebecca A. Monninger	P.O. B	ox 101	Chewsvill	le, MD 2	21721		
		ACE OF DISPOS LLL bu		cemetery, cremetory or		20c. LOCATION - Smiths		
	21. SUSNATURE OF FUHIRAL SERVICE LICENSEE		22. NAM	E AND ADDRESS OF FA	CILITY,	CITOCIO	, 0 00 00	,,,,,
	namis L. No	w		. 3 Box 7		hsburg, N	ND 21	783
Z	23. PART I. Enter the diseases, Dr complications that caused the ahock, Dr heart failure. List only one cause on each IMMEDIATE CAUSE (Finel disease or condition resulting in death)		Myoc Le 11	udill	Infant	tuin	rrest,	Approximate interval Between Onset and Death
CERTIFICATION	Sequentially liet conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST				<i>y</i>			
	PART II. Other algnificent conditions contributing to deeth but	not resulting i	in the under	ying cause given in	Part I. 24a.	WAS AN AUTOPSY PERFORMED?	24b	. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO
EDICAL	Dialeter Melliter				1 🗆	YES 2 NO		COMPLETION OF CAUSE OF DEATH?
>	CVA					•		1 TES 2 NO
ä	Consestive tent tail	url						
PHYSICIAN:	25. WAS CASE REPERRED TO MEDICAL EXAMINER? HOSPITAL:		OTHER:	3. PLACE OF DEATH (Ch	neck only one)			
١٨S	1 YES 2 NO 1 Inpatient 2 ER/Outpatie 27. MANNER OF OEATH 28e. OATE OF INJURY	28b. TIM		Home 5 Residence		c/fy) E HOW INJURY O	CCUBED	
ВУ Р	1 Netural 5 Pending (Month, Day, Year) 2 Accident Investigation		URY	WORK?	Zed. DESCRIB	E HOW INJUNT OF	CCONED	
	3 Suicide 6 Could not be detarmined 26a. PLACE OF INJURY — building, atc. (Specify)	At home, ferm,	street, factory,	office	281. LOCATION City or Tow	(Street and Numbern, State)	er or Rural I	Route Number,
COMPLETED	29a. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAN: To the best of my knowledge one) 2 MEDICAL EXAMINER: On the besis of examination are							s) and manner as stated.
BE	296. SIGNATURE AND TITLE OF CERTIFIER			D 26	MBER 416	29d. DA	6/2	(Month, Day, Year)
5	30. NAME AND ADDRESS OF PERSON WHO COMPLETED GAUSE OF DEATH	(ITEM 27) (Type	Print)	A.O.	Haze	Store	1	121740
	31. DATE FILED (Morith, Day, Year) JN 27 91 32. REGISTRAR'S SIGNATURE SUMMER DAY	indson Par	ndere	The state of the s		y jew K	1 1001	

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SSPTAL DR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician	INERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tro
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- 5	1 DECEDENT'S NAME (Clost Middle Theat) .	Jan as IV Dans			DEATH	La Darr	REG. NO.	01	Ta.	TOBO DEATH
	1. DECEDENT'S NAME (First, Middle Profit)		riey Bru	IFFEY		MONT	OFGEARIS.	91	EAR	0630
	4.579.52811600FFR		In yrsges birthdey)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	03416-	98 1	BIRTHPLA	CE (State or Forel
	579-28-6001	10 M 2 8 F 9	3 YRS.	MONTHS DAYS	HOURS MIN.	(Month	14 190		Country)	IRGINIA
		Brand Bral H	ospital	96. CIT'S TOWN	OF LOCATION OF D	EATH	16119			rcheste
OR	POPULESTED	L'GENERAL	1705P-	CA	MISRIX	5		Doe	this	1212
ECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		400 000	r, TOWN OR LOCA	TION			-	140	I. INSIDE CITY
DIRE			IOC. CIT							LIMITS?
	MARYLAND DOR	CHESTER		CAMBR	M. ZIP CODE			10a. CITIZEN		YES 2 N
RA	ROUTE 4, BOX 2	iα			21613				U.S.	
FUNERAL	11. MARITAL STATUS	12. WAS DECEDENT EVER IN	U.S. ARMED		CENDENT OF HISPA				RACE -	American Indian
	1 Never Married 2 Married 3 Nover Married 2 Married	FORCES? 1 YES	XIXINO ATES		pecify Cuban, Mexico S 2 NO Specif		Rican, etc.)		Black, Wi Specify:	nna, atc.
Э ВУ					*X					E/CAU
ETED	15. DECEDENT'S EDUC (Specify only highest grade	completed)	16e. DECEDENT'S (Give kind of v life. Do NOT us	vork done during m		166	. KIND OF BUSI	INESS/INDUS	TRY	
Ä	Elementary/Secondary (0-12) 7th	College (1-4 or 5+)	CLE				D	EPARTI	AE NIT	CTOPE
COMPL	17. FATHER'S NAME (First, Middle, Last)		OLL	ICIX	18. MOTHER'S NA	ME (First.)			TENT	DIONE
ECC	RICHARD SNED	EGAR					CHAPEL			
0	40- INFORMANT'S MARK (Toroffice)	(SON)	19b. MAILING	ADDRESS (Street	and Number or Rural				ide)	0.
5	MR. T. BLAIR B		ROUT	E 4, B	ox 218,	CAN	ABRIDG	E. M	D.	21613
	20a. METHOD OF DISPOSITION	200	. PLACE AND DATE	OF DISPOSITIO		DAT	E 20c. LOC	ATION City		
	1X Burial 2 Cremation 3 Remo	OVAL From State	RT LINC	OLN CE	METERY	763	BRE	NTWO	OD,	MARYL
	21. SIGNATURE OF FUNERAL SERVICE THE	ENSEE			AND ADDRESS OF F	ACILITY				
	+ toller toll	has Hon	1111008		RAN FUN					216
	IMMEDIATE CAUSE (Finel disease or condition	C	VA	Ά						Onset and
FICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	DUE TO (OR AS A	A CONSEQUENCE OF	F):						Onset and
RTIFICATION	disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	DUE TO (OR AS A	A CONSEQUENCE OF	F):						Onset and
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DIVISION OF VITAL RECORDS, P.O. BOX 13146,	BALTIMORE, MARYLAND 21203-3146
THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 22-frours after death. Page 6 may be retained by the hospital or attending physician.	fter death, Page 6 may be retained by the hospital or attending physician.
TO THE FUNERAL DIRECTOR; After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transi be filed within 72 hours after death with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal.	the funeral director, page 5 should be detached for use as the burial-transi oval.
IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	al examiner must be notified at once.

	1 - STATE REGISTRAR	SIAIE UF MANTI		ICATE OF		MENIAL HIGIEN			00
	1. DECEDENT'S NAME (First, Middle, Last)		1			2. DATE OF DEATH		3. TIME OF DEATH	-
	Christopher Jam		n Brad	lov		MONTH 0	199	YEAR 2 • 30 P	
			(In yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	June 29,	199	1 2:30 P	_
		ZM 2 □ F		MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)	
			2 YRS.			03/26/1		Maryland	——
~	9a. FACILITY NAME (If not institution, give street	and number)			OR LOCATION OF DE	ATH	9c. COUN	TY OF DEATH	
Ö	Mallard Lane			Car	mbridge			Dorcheste	r
DIRECTOR	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNTY		tec CIT	Y, TOWN OR LOCA	TON			10d. INSIDE CITY	
Ĕ		haatan		100				LIMITS?	
	Maryland Doro	hester		Secreta				1 YES 2 🗌 I	NO
FUNERAL				10	. ZIP CODE		10g. CITIZ	ZEN OF WHAT COUNTRY?	
9	108 Second Stre				21664		L.,	US	$\overline{}$
5		. WAS DECEDENT EVER FORCES? 1 YES	IN U.S. ARMED			NC ORIGIN? (Specify Year, Puarto Rican, etc.)	a or No-	14. RACE — American India Black, Whita, atc.	n,
ВУ	XX Never Married 2 Married 3 Wildowed 4 Divorced	IF YES, GIVE WAR OR			ZONO Specify			SpecifyWhite	- 1
			т .						
TE	15. DECEDENT'S EDUCATI (Specify only highest grade com		(Give kind of	USUAL OCCUPATE work done during me		16b. KIND OF BU	ISINESS/IND	USTRY	- 1
LE		College (1-4 or 5+)	life. Do NOT u						- 1
Σ	0		I N	/A					\blacksquare
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				16. MOTHER'S NA	ME (First, Middle, Maider	Sumame)		
BE	James Leon Br	adley			Ka	thi Lynn	Let	wis	
10	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	ADDRESS (Street	and Number or Rural I	Route Number, City or Tox	wn, State, Zip	Code)	
F	James L. Bradle	У	P.O.	Box 1	75 Shar	ptown, M	d. 21	1861	
Ш	20a. METHOD OF DISPOSITION XXBurial 2 Cremetion 3 Removal	from State	Ob. PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c. L0	OCATION —	City or Town, Stata	
	4 Donation 5 Other (Specify)			erans (Cemeter	v Hu	rlock	. Md.	
	21. SIGNATURE OF FUNERAL SERVICE LIBERS	SEE		22. NAME A	ND ADDRESS OF FA	CILITY Thoma	s Fur	neral Home	
	> Im with	~ n /		700	Locust	St Cam	bride	ge, Md. 21	613
	f-f-minute -								
-11	23. PART I. Enter the diseases, or com shock, or haert fallure. Lief			IOL STREET LITE TIN	de or dying, suc	in se cardiec or real	oratory srr	Interval Be	tween
	IMMEDIATE CAUSE (Finsi disesse or condition							Onset and	Desth
	resulting in deeth)	Drowning						Minut	es
		DUE TO (OR AS	A CONSEQUENCE O	F):					1
N	Sequentially list conditions,	OUE TO (OR AS	A 001/050/151/05 0						
Ę	If any, lesding to immediate cause. Enter UNDERLYING	DOE TO (OH AS	A CONSEQUENCE O	rj:					
2	CAUSE (Diseese or Injury C	DUE TO (OR AS	A CONSEQUENCE O	F)·					
Ē	that initiated events resulting in death) LAST	502.10 (0.17.0	7 0011022021102 0						
CERTIFICATION	d								
	PART II. Other aignificant conditions of	ontributing to death	but not resulting	in the underlyin	g cause given in			24b. WERE AUTOPSY FI	
DICAL						1 YES	RMED?	AVAILABLE PRIOR COMPLETION OF C	
8							2 M NO	OF DEATH?	
Σ.						—		1 TYES 2 N	•
PHYSICIAN: ME	25. WAS CASE REFERRED TO MEDICAL			26 0	LACE OF DEATH (Ch	neck only one)			
[]	EXAMINER?	OSPITAL:		OTHER:					
ĭ	1 YES 2 NO 1	Inputient 2 XER/Ou				6 Other (Specify)			
급	1 Netural 5 Pending	(Month, Day, Year)	28b. Till	JURY W	JURY AT ORK?	28d. OEŞCRIBE HOW	INJURY OC	COMED	
B	2 X Accident Investigation	20 21 22 25 35 31 31			YES 2 NO				
	3 Suicide 6 Could not be 4 Homicide detarmined	28e. PLACE OF INJUR building, etc. (Sp		street, factory, offi	20	City or Town, State		or Rural Route Number,	- 1
ET	1000								
COMPLETED	29a. CERTIFIER 1 CERTIFYING PHYSICIA	N: To the best of my kno	wiedge, death occur	ed at the time, dat	and place, and due	to the cause(a) and m	anner aa stat	ed.	- 1
O	one) 2 [X MEDICAL EXAMINER: (On the besis of examinet	ion and/or investigati	on, in my opinion,	death occured at the	time, data and place, a	and due to th	e cause(a) and manner as st	tated.
	286 SEMATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DAT	E SIONED (Month, Day, Year)	
	Zam and Title or Centiries			1.50. A 11	DOTOES)	N ==		
BE	F. M-CIT	_ MP. DE	but her o	ERITAL	D07052	<u>_</u>		7-1-91	
	3 AM AND ADDRESS OF PERSON WHO C	man I m		,	D07032			1-1-91	
BE	3 JAME AND ADDRESS OF PERSON WHO C	COMPLETED CAUSE OF C	DEATH (ITEM 27) (Type	, Print)				1-1-91	
B	Jam F. Mit	M.D., 400	Aurora S	treet,				1-1-91	

JUN 25 '91

	The second secon	III CALLED IN III		
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I				

1. DECEDENT'S NAME (Fi	rst, Middle, Last)				Æ1.			HTHOM			YEA	NA P	IME OF DEATH
MIETTA 4. SOCIAL SECURITY NU	MOED	5. SEX	6. AGE (in yrs. is	net blotheless)	BAI]		IF UNDER 24 HRS.	7. DATE 0	20	19	91	4:0	OO I
	MOCH	1 M 2 TF	6. AGE (IN 978. 18	YRS.	MONTHS	DAYS	HOURS MIN.	(Month,	Day, Year)	1000	Co	ountry)	
None 9a. FACILITY NAME (# not	institution, give	Y	1	11141	6 ½	TOWN O	R LOCATION OF D		1,	1989	_	IARYI OF DEATH	
	GEORGES	S HOSPITA	L				VERLY						ORGE
10e. STATE	10b. COUNT	TY		-100	ry, town o							1	INSIDE CITY LIMITS?
faryland 100. STREET AND NUMBE		Prince Ge	orges		New C		ollton ZIP CODE					21	YES 2 NO
		Elaine I)rive			101.	. ZIP CODE				USA		COUNTRY?
11. MARITAL STATUS 1 Nover Married 2 [3 Widowed 4 December 19 Decemb		FORCES?	NT EVER IN U.S. A 1 YES 2 WAR OR DATES		Pt Pt	If yes, spe	ENDENT OF HISPA ecity Cuben, Maxic 2 NO Speci	an, Puerto R		or No—	B	RACE — A Black, Whi Specify B 1	100
15. D (Specify of Elamentary/Secondary	ECEDENT'S EDI only highest grad	College (1-4 or 5		DECEDENT'S Give kind of fe. Do NOT u N/A	work done o		on st of working	16b.	KIND OF BU	SINESS/IN	DUSTR	RY	
17. FATHER'S NAME (First,		Hubbar p					16. MOTHER'S N. Edn	AME (First, Mai		Surname)		Π	
19a. INFORMANT'S NAME		37	1				nd Number or Aural Laine Dr						ма
Luna	Baile	У	0.115	2240	Rare	in El	Laine Di	_,,	11011			,011,	Md.
20a, METHOD OF DISPOS	BITION		20b. PLAC	E AND DAT				DATE		CATION -			
	SITION ition 3 🗆 Rer		of cemetar	E AND DAT	E OF DISPO	OSITION place)	(Name	DATE	20c, LO	CATION -	- City o	or Town, S	Stata
20a, METHOD OF DISPOS	SITION Itlon 3 - Ren	moval from Stata	of cemetar	E AND DAT	re of bispery or other po	POSITION place) CETY NAME AN	(Name	6+24-	20c. LO	ckvi	- City o	or Town, S	
20a, METHOD OF DISPOS 11/2 Burlal 2 Crema	SITION Itlon 3 - Ren	moval from Stata	of cemetar	E AND DAT	cemet Cemet H	osition place) Cery NAME AN	(Name	6+24-	20c.10	ckvi:	- cmy o	or Town, S	swa ryland
20a, METHOD OF DISPOS 1½ Burlal 2 Crems 1 Document S 0 On 21. SIGNATURE OF PURE	BITION Itlen 3 - Rer Iter (Tipecity)	noval from Stata	of cemetar Park1	ce and dat ry, cremator awn	Cemet 1180	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland
20e. METHOD OF DISPOS 1© Burlel 2 Creme 1 Donation 5 CH	BITION Ition 3 - Rer In (Specify) Ital Service L	noval from Stata	of cemetar Park1	E AND DAT ry, cremator Lawn (Cemet 1180	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland 20904 Approximate interval Bets
20e. METHOD OF DISPOS 1© Burial 2	SITION 3 - Rer ver (Specify) - PRAL SERVICE L diseases, or beent failure	complications the	of cemetar Park 1	ce AND DAT ry, cremator, Lawn (Cemet 22.1 H 1180 not anter	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland 20904 Approximate
20e. METHOD OF DISPOS 1© Burlel 2 Creme 2 Donation 5 Creme 3 Constitute of Fund 23. PART I. Enter the shock, or	SITION 3 - Rer ver (Specify) - PRAL SERVICE L diseases, or beent failure	complications the List only one ca	of cemetar Park 1	death. Do	cemet 22. H 1180 not anter	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland 20904 Approximate interval Bets
20e, METHOD OF DISPOSITION OF DURING SERVICE OF PURPLE SUGNATURE OF PURPLE SHOCK, OF IMMEDIATE CAUSE (I disease or condition	SITION 3 - Rer ver (Specify) - PRAL SERVICE L diseases, or beent failure	complications the List only one ca	of cemetar Park 1	death. Do	cemet 22. H 1180 not anter	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland 20904 Approximate interval Bets
20e, METHOD OF DISPOSITION OF DISPOSITION OF PURPLE COMMENTS OF PURPLE	BITION Itlon 3 GRer Itlon 4 GRer Itlon 4 GRe	complications the List only one ca	of cemetar Park 1	death. Do	re of display y or other process of the process of	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland 20904 Approximate interval Bets
20e. METHOD OF DISPOS 1© Burlel 2	BITION Itlen 3 Rer Itlen 4 Rer Itlen 5	complications the List only one ca	at caused the diuse on each lin	EE AND DAT TO COMMENT TO COM	TE OF DISPPY y or other p Y or other p Cemet 22. H 1180 not anter	cosition cery name and dines	Name ND ADDRESS OF F. S/Rinald .H. Ave.	6+24- ACLUTY I Fun	9 Ro	ckvi home	lle	or Town, S	aryland 20904 Approximate interval Bets
20a, METHOD OF DISPOSITION TO BURISH 2 CHEMICA OF PURE 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Idease or condition resulting in death) Sequentially list condition in cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.	BITION Itlen 3 Rer Itlen 4 Rer Itlen 5	complications the List only one ca	at caused the diuse on each line of or as a consi	EE AND DAT TO COMMENT TO COMMENT THM I SEQUENCE COME EQUENCE COME	TE OF DISPIP TO THE PROPERTY OF THE PROPERTY	cosition object) Cery NAME AN Hines	(Name NO ADDRESS OF F. S/Rinald H. Ave. de of dying, su	6+24- ACLITY i Fun , Sil	eral ver S	ckvi Home pring dratory as	City of City o	Md.	aryland 20904 Approximate Interval Bette Onset and E
20a, METHOD OF DISPOSITION TO PROPERTY BURISH 2 CHEMISTS CONTINUE OF PURE 23. PART I. Enter the shock, or IMMEDIATE CAUSE (I disease or condition resulting in death) Sequentially list confit any, leading to immediate, lenter UNDER CAUSE (Disease or in that infiltated events	BITION Itlen 3 Rer Itlen 4 Rer Itlen 5	complications the List only one ca	at caused the diuse on each line of or as a consi	EE AND DAT TO COMMENT TO COMMENT THM I SEQUENCE COME EQUENCE COME	TE OF DISPIP TO THE PROPERTY OF THE PROPERTY	cosition object) Cery NAME AN Hines	(Name NO ADDRESS OF F. S/Rinald H. Ave. de of dying, su	6+24- ACLITY i Fun , Sil	eral ver S lac or reap	ckvi Home pring dratory as	City of City o	Md.	20904 Approximate interval Bette Onset and E
20a, METHOD OF DISPOSITION TO BURISH 2 CHEMICA OF PURE 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Idease or condition resulting in death) Sequentially list condition in cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.	BITION Itlen 3 Rer Itlen 4 Rer Itlen 5	complications the List only one ca	at caused the diuse on each line of or as a consi	EE AND DAT TO COMMENT TO COM	TE OF DISPIP TO THE PROPERTY OF THE PROPERTY	cosition object) Cery NAME AN Hines	(Name NO ADDRESS OF F. S/Rinald H. Ave. de of dying, su	6+24- ACLITY i Fun , Sil	eral ver S lac or reap	CATION — CKVII Home pring Fratory as	City of City o	Md. 24b. WEF	20904 Approximate interval Bett Onset and I
20a, METHOD OF DISPOSITION TO BURISH 2 CHEMICA OF PURE 23. PART I. Enter the shock, or IMMEDIATE CAUSE (Idease or condition resulting in death) Sequentially list condition in cause. Enter UNDER CAUSE (Disease or in that initiated events resulting in death) L.	BITION Itlen 3 Rer Itlen 4 Rer Itlen 5	complications the List only one ca	at caused the diuse on each line of or as a consi	EE AND DAT TO COMMENT TO COM	TE OF DISPIP TO THE PROPERTY OF THE PROPERTY	cosition object) Cery NAME AN Hines	(Name NO ADDRESS OF F. S/Rinald H. Ave. de of dying, su	6+24- ACLITY i Fun , Sil	eral ver S lac or reap	CATION — CKVII Home pring Fratory as	City of City o	Md. 24b. WEF	20904 Approximate interval Bett Onset and for Bullette Prior To Bu
20a, METHOD OF DISPOSITION TO BURISH 2 CHEMICAL COMMENTS COMMENTS COMMENTS COMMENTS COMMENTS CAUSE (Idease or condition resulting in death) Sequentially list condition resulting to immediate the comments cause. Enter UNDER CAUSE (Disease or list initiated events resulting in death) L. PART II. Other algnif	diseases, or beert failure Final ditions, neclate LYING njury	complications the List only one ca	at caused the diuse on each line of or as a consi	EE AND DAT TO COMMENT TO COM	TE OF DISPIP TO THE PROPERTY OF THE PROPERTY	cosition object) Cery NAME AN Hines O Nor the mo	(Name NO ADDRESS OF F. S/Rinald H. Ave. de of dying, su	DATE 6+24- ACLITY i Fun , Sil ch as card	24a. WAS APPERFO	CATION — CKVII Home pring Fratory as	City of City o	Md. 24b. WEF	20904 Approximate interval Bett Onset and I
20e, METHOD OF DISPOSITION TO SERVICE STANDARD S	diseases, or beert failure Final ditions, neclate LYING njury	complications the List only one case. CARDIA DUE TO C. DUE TO DUE	at caused the druse on each line AC ARRHY O (OR AS A CONSI	desth. Do ne. ZTHMI EQUENCE C	TE OF DISPIP TO THE PROPERTY OF THE PROPERTY	cosition object) Cery NAME AN Hines O N. Tha mo	(Name NO ADDRESS OF F. S/Rinald H. Ave. de of dying, su	DATE 6+24- ACLITY i Fun , Sil ch as card	24a. WAS APPERFO	CATION — CKVII Home pring Fratory as	City of City o	Md. 24b. WEF	20904 Approximate interval Bett Onset and I
20e, METHOD OF DISPOSITION TO SERVICE STATE OF PURE STATE	diseases, or beert failure Final ditions, neclate LYING njury	complications the List only one ca a. CARDIA DUE TO C. DUE TO d. DUE TO d. DUE TO DUE DUE DUE DUE DUE DUE DUE DUE DUE DUE	at caused the druse on each line AC ARRHY O (OR AS A CONSIDER OF O	EE AND DAT Ty, cremator AWN CHAPTER	TE OF DISPIP TO THEE	cosition of the cost of the co	(Name NO ADDRESS OF RESTANDING THE AVE. de of dying, sur g cause given in	DATE 6+24- ACLITY i Fun Sil ch as card	24a. WAS AT PERFO	Home pringilatory and Autopsys	City of City o	Md. 24b. WEF	20904 Approximate interval Bett Onset and I
20e, METHOD OF DISPOSITION OF DISPOSITION OF PURE BURSE 2 CREEN CONTROL OF PURE BURSE (I CAUS	diseases, or beert failure Final ditions, neclate LYING njury	b. DUE TO C. DUE TO D. DUE TO	at caused the druse on each line AC ARRHY O (OR AS A CONSIDER OF O	EE AND DAT TO, cremator AWN Genth. Do THMI EQUENCE C EQUENCE C T resulting T resulting 3 □ DOA 295. Till	TE OF DISPIP TO THEE	OSITION POLICE TO THE MENT OF THE MENT OF THE POLICE TO TH	(Name NO ADDRESS OF RESTANDING THE AVE. de of dying, sur g cause given in	DATE 6+24- ACLITY i Fun Sil ch as card	24a. WAS AN PERFO	Home pringilatory and Autopsys	City of City o	Md. 24b. WEF	20904 Approximate interval Bett Onset and I
20a, METHOD OF DISPOSITION Burlet 2 Crems 23. PART I. Enter the shock, or immediate a condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Sequentially list condition resulting in death) Lause Enter UNDER CAUSE (Disease or list thin initiated events resulting in death) L. PART II. Other algnif	discheea, or beert failure Final discheea conditions, nediate LYING nights D TO MEDICAL	complications the List only one case. CARDIA DUE TO C. DUE TO d. HOSPITAL: 1 Inpetient 2 28a. DATE O (Month,	at caused the druse on each line of one as a consideration of the consid	EE AND DAT TY, cremator AWN Genth. Do THMI EEQUENCE C EQUENCE C EQUENCE C Treaulting 3 □ DOA 28b. Till	TE OF DISPLY OF OTHER AND ME OF JURY M	cosition volace) Cery NAME AN Hines OO N, r tha mo	(Name ID ADDRESS OF F. S/Rinald H. Ave. da of dying, su g cause given in LACE OF DEATH (Come 5 - Residence URRY AT YES 2 - NO	DATE 6+24- ACLITY i Fun Sil ch as card	24a. WAS AT PERFO	NAUTOPSY RMED? and Numbury on and N	City of 11e	Md. 24b. WEF	20904 Approximate interval Bett Onset and I

PENN STREET BALTIMORE, MARYLAND 21201

III N.

1.0	1. DECEDENT'S NAME (First, Middle, Las.	nt)	THE HELE	CATE OF		2. DATE OF DEATH	DAY YEA	3. TIME OF DEATH
		UCKNER				Tune	24 1991	2:40 P
	4. SOCIAL SECURITY NUMBER 215-24-5587	5. SEX 6. A	AGE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year,) 0	HRTHPLACE (State or Foreign country)
	9e. FACILITY NAME (If not institution, give		77 YRS.	9b, CITY, TOWN	OR LOCATION OF S		1914 M	
O.	Doctors Community			Lanh	am		Prin	ice George
DIRECTOR	RESIDENCE OF DECEDENT 10a. STATE 10b. COUN		10c, CITY	, TOWN OR LOCA	TION			10d. INSIDE CITY
DIR	Maryland Pri	nce George	Be.	ltsville	9			1 YES NO
3AL	10e. STREET AND NUMBER			10	H. ZIP CODE			OF WNAT COUNTRY?
FUNER	11182 Baltimore	12. WAS DECEDENT EV	ER IN U.S. ARMED	13. WAS DE	20705 CENDENT OF HISP	ANIC ORIGIN? (Specify		ed States RACE — American Indian.
BY	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? TOTAL SERVICE WAR COMMENTS	YES 2 NO DR DATES	If yes, s		can, Puarto Rican, etc.)	1	RACE — American Indian, Black, Whita, atc. Specify: White
E E	15. DECEDENT'S EI (Specify only highest gra	ade completed)	16a. DECEDENT'S (Give kind of w life. Do NOT us	vork done during m	ION ost of working	16b. KIND OF	BUSINESS/INDUST	RY
PLET	Elementary/Secondary (0-12) UNKNOWN	College (1-4 or 5+)	7-30	Custod	ian	Main	tenance	
COMPL	17. FATHER'S NAME (First, Middle, Last)			custua	_	IAME (First, Middle, Mai		
BE C		ckner, Sr.			Marg			UNKNOWN)
5	19a. INFORMANT'S NAME (Type/Print) Clint Bowman					d Beltsv.		
	294, METHOD OF DISPOSITION		20b. PLACE AND DATE	OF DISPOSITIO	N (Name		LOCATION - City	4
	4 Donation 5 Other (Specify)	emoval from State	Ma. Veter	or other place)	etery			am, Marylan
	21. SIGNATURE OF FUNERAL SERVICE	LICENSEE	11			rgwardt Fi		
	* Korald V	· BOYGINA	ldt					le, Md. 207
	iMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO OR	on each line.		Water and the second	ches cerdiec or re		Approximate Interval Betw
TIFICATION	disease or condition	b. DUE TO (OR		e find en end	Water and the second			Approximate Interval Betw
CERTIFICATION	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE OF	estrul en est p:	Blu	ding 1 coni	, Show	Approximate Interval Betwoen and D
AL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE OF	estrul en est p:	Blu	in Part I. 24a. WAS	S AN AUTOPSY IFORMED?	Approximate Interval Betw Onset and D
AL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE OF	estruf en est p:	Blu	in Part I. 24a. WAS	, Show	Approximate interval Betw Onset and D
MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	a. DUE TO (OR b. DUE TO (OR c. DUE TO (OR	AS A CONSEQUENCE OF	estruf en est p:	Blu	in Part I. 24a. WAS	S AN AUTOPSY IFORMED?	Approximate interval Betw Onset and D
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MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO	DUE TO (OR DUE TO (OR DUE TO (OR d. HOSPITAC: 1 Impelient 2 ER	AS A CONSEQUENCE OF AS A C	of hulderly in the underly in the un	B(under the content of the content o	in Part i. 24a, WAS PER 1 UYE	S AN AUTOPSY IFORMED?	Approximate Interval Betw Onset and D
PHYSICIAN: MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH Natural 5 Pending	DUE TO (OR DUE TO (OR DUE TO (OR DUE TO (OR d. HOSPITAT: Impatient 2 ER 28a, DATE OF INJ (Month, Day, Y	AS A CONSEQUENCE OF AS A C	OTHER: 4 Nursing Ho Winty W	B(u)	in Part i. 24a, WAS PER 1 UYE	S AN AUTOPSY IFORMED?	Approximate Interval Betw Onset and D
D BY PHYSICIAN: MEDICAL C	Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant condit 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 3 Suicide 8 Could not investigation 5 Pending investigation 5 Pending investigation 5 Could not	DUE TO (OR DUE TO	AS A CONSEQUENCE OF AS A C	OTHER: 4 Nursing Ho BE OF 286. IF WIRTY M 1	PLACE OF DEATH (I	In Part I. 24a. WAS PER 1 YE Check only one) 6 Other (Specify) 28d. DESCRIBE HO	S AN AUTOPSY IFORMED? S 2 NO DW INJURY OCCUR!	Approximate interval Betw Onset and D. Onset
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TO BE COMPLETED BY FUNERAL DIRECTOR

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

31. DATE FILED (Month, Day, Year)

- STATE REGISTRAR		RYLAND / DEPA CERTIF		OF DEATH		EG. NO.			
OECEOENT'S NAME (First, Middle, Last)	m.	Benne			2. DATE OF E	DEATH DAY		3. TIME OF	DEATH 25/
216 · 14 · 2847	5. SEX 1 M 2 D F	AGE (In yrs. lest birthday)	MONTHS DA		7. DATE OF B (Month, Der			BIRTHPLACE (State Country) Marvlai	
PACILITY NAME (If not institution, give				WN OR LOCATION OF O	EATH	90	. COUNTY	OF DEATH	
Carroll Count	y Gnl Hos	spital	Westn	ninster			Car	roll	
	timore		pperco)				10d. INSID LIMIT 1 YES	2 🔀 NO
s. STREET AND NUMBER 5307 Emory Ro	ad			101. ZIP COOE 21155		10	U.S	OF WHAT COUN	TRY?
. MARITAL STATUS Never Married 2 Merried Widowed 4 Divorced	12. WAS DECEDENT E	YES 2 NO	If yes	OECENDENT OF HISPA s, specify Cuben, Mexico YES 2 NO Specifi	en, Puerto Ricar		No- 14.	RACE — America Black, White, etc Specify: White	n Indien,
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)	UCATION le completed) College (1-4 or 5+)	IHe. Do NOT	f work done durin use retired.)	PATION g most of working		ID OF BUSINE			-1-
FATHER'S NAME (First, Middle, Last)		Carper	iter	16. MOTHER'S NA				on Tra	de
Ollie E. Benn	ett			Julia					
e. INFORMANT'S NAME (Type/Print)	STEP IN SI	19b. MAILIN	G ADDRESS (St	reet end Number or Rural			tate, Zip Co	de)	
Edna Bennett		5307	Emory	/ Rd Uppe					
e METHOO OF OISPOSITION Burtel 2 Congretion 3 Rer Donation 5 Other (Specify)	noval from State	of cemetary, cremato Mardela	ry or other place,					or Town, State Spring	s. N
	1 /-/	1/	22. NAN	E ANO AOORESS OF FA	ACILITY				
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32. REGISTRAR'S SIGNATURE

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending ph	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the but filled within 72 hours after death with the State Dept, of Health and Mental Hyglene prior to burial, cremation, or removal.	IMPORTANT if them 28 is marked or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
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1 - STATE REGISTRAR	011112 01 11111		TMENT OF HEALTH AND CATE OF DEATH	REG. NO.		1. 热力发光
DECEDENT'S NAME (First, M A. SOCIAL SECURITY NUMBER	ZEdRick	A	Black	2. DATE OF DEATH DATE OF THE D	9 1991	0448
218-16-5 98. FACILITY NAME (If not instit	1 M 2 F	. AGE (In yrs. last birthday)	FUNDER 1 YEAR FUNDER 24 HRS. MONTHE DAYS HOURS MIN. 9b. CITY, TOWN OR LOCATION OF	7. DATE OF BIRTH (Month, Day, Year) 3 - 22-	Cou	THPLACE (State or Foreign ritry)
DENTMOTTA	GENERAL HOSPIT	AL	SALISBURY		WICOM	
10e. STATE	Wich Mizo	10c. CITY	SALS BULL			10d. INSIDE CITY LIMITS? 1 1 VES 2 NO
TOO. STREET AND NUMBER 7/7 11. MARITAL STATUS 1 November Married 2 M	05/2 J	REAT	101. ZIP CODE	1	10g. CITIZEN OF	WHAT COUNTRY?
3 Widowed 4 Divorce	IF YES, GIVE WAS	YES 2 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Mexi- 1 YES 2 NO Speci	can, Puerto Rican, etc.)	Ble	CE — American Indian, ack, White, etc.
15. DECED (Specify only it Elementary/Secondary (*12	cent's EDUCATION ighest grade completed) Cottleg (1-4 or 5+)	16a. DECEDENT'S (Give kind of w	USUAL OCCUPATION nork done during most of working a retired.)	Kia. H	MESS/INDUSTRY	GOB1
m / yea	+ FLACK	+	Lovin	AME (First, Middle, Melderr	Surregio)	
200. METHOD OF/DISPOSITION	Shits Day	thre 215	ADDRESS (Street and Number of Run THE HMAN OF DISPOSITION (Name	St, SAL	- 1	Md 2180
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Charles and		i. oecedent's name (First, Middle, Lest) Oretha	BRADBURN						year 3. TIME OF OEATH						
P	M	3. SOCIAL SECURITY NUMBER		(In yrs. last birthday) YRS.	SF UNDER 1 YE		7. DATE OF BIRTH (Month, Day, Year) August 23	1	BIRTHPI ACE (State or Foreign						
160		e. FACILITY NAME (If not institution, give Calvert Memorial				wn or location of or Frederic		9c. COUNT	y of OEATH						
DIRECTO	N	nesidence of decedent 100. STATE 100. COUNT 101 Calv			Olomor			10d. INSIDE CITY LIMITS? 1 YES 2 NO							
IERAL		00. STREET AND NUMBER 20 Charles Stree	t	ball 1		101. ZIP CODE 20688		USA							
BY FUNI		II. MARITAL STATUS I Never Married 2 Married B Widowed 4 Divorced	12. WAS DECEDENT EVER IF FORCES? 1 TYES GIVE WAR OR D	2 NO	If ye	OECENDENT OF HISPAI a, specify Cuban, Mexica YES 2 NO Specify	in, Puerto Rican, etc.)	s or No — 14	14. RACE — American Indian, Black, White, etc. Specify: White						
PLETED	i -	15. OECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12)		18a. DECEDENT'S ((Give kind of we life. Do NOT use housewi	ork done durin e retired.)	PATION g most of working	166. KIND OF BU	maker	STRY						
at once.	30.01	J	17. FATHER'S NAME (First, Middle, Last) Andrew Wilkes			16. MOTHER'S NAME (First, Middle, Melden Surneme) Ida May Thomas									
TO B						1	J 2	190. INFORMANT'S NAME (Typo/Print) James B. Bradburn			ADDRESS (ST	teet and Number or Rural	Route Number, City or Tox	vn, Stata, Zip C	Code)
must be			20s. METHOD OF DISPOSITION 1 X Burlet 2 Cremation 3 Ren 4 Donation 5 Other (Specify)		b. PLACE AND DATE cemetary, crematory Paul U			1	by Mar	ty or Town, State					
si examiner must be		21, SIGNATURE OF FUNERAL SERVICE LI	CENSEE			Broomes	Rausch		al Home Republic Mary						
the medica		23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Finel disease or condition resulting in daeth)	List only ona cause on e	each line.	R	mode of dying, suc	0		Approximats interval Betwee Onset and Dec						
ent,		resulting in about													
er traumatic er		Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	bDUE TO (OR AS	A CONSEQUENCE OF					3						
of Health and Mental Hygiene prior to burial, hows any injury, or other traumatic en MEDICAL CERTIFICATION		Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	b. DUE TO (OR AS DUE TO (OR AS d	A CONSEQUENCE OF	n tha und		0.0000	RMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
the State Dept. of Health and Mental Hyglene prior to buria, or Item 23 shows any Injury, or other traumatic or IYSICIAN: MEDICAL CERTIFICATION		Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST	b. DUE TO (OR AS DUE TO (OR AS d	but not resulting in the constitution of the c	OTHER:	28. PLACE OF DEATH (C) Home 5 Residence	PERFO	PRMED?	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO						
death with the State Dept. of Health and Mental Hyglene prior to buria, s marked, or Item 23 shows any injury, or other traumatic en DEY PHYSICIAN: MEDICAL CERTIFICATION		Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition Successful Services of Servi	DUE TO (OR AS DUE TO (OR AS d	but not resulting in the second secon	OTHER: 4 Nursing	es. PLACE OF DEATH (C) Home 5 Residence c. NJURY AT WORK? YES 2 NO	PERFO 1 YES neck only one) 6 © Other (Specify)	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATHY 1 YES 2 NO						
eath with the State Dept. of Health and Mental Hyplene prior to buria, marked, or Item 23 shows any Injury, or other traumatic or BY PHYSICIAN: MEDICAL CERTIFICATION		Sequentielly list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in dasth) LAST PART II. Other significant condition PART II. Other significant c	b. DUE TO (OR AS C. DUE TO (OR AS d HOSPITAL: 1 Dispatiant 2 ER/Out (Month, Dey, Year) 28a. PLACE OF INJUR building, atc. (Spo	pottent 3 DOA 28b. TIMI	OTHER: 4 Nursing E OF 28 URY M 1	ES. PLACE OF DEATH (CI Home 5 Residence T. WORK? YES 2 NO office	PERFO 1 YES 1 YES 6 Other (Specify) 26d. DESCRIBE HOW 26f. LOCATION (Street City or Town, State to the cause(a) and me	INJURY OCCU	AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO JRED W Rural Route Number,						

2 30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) Anwar Munshi

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24-mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached within 70 hours after death with the State Dent, of Health and Mental Horiene orlor to burial, cremation, or removal.	IMPORTANT: It item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.	
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ATTE	B#	28	
OR	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the first side within 72 hours after death with the State Dect, or Health and Mertial Hydiene prior to burial, cremation, or removal.	tem	
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TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

REGISTRAR	011112 01 1111	CERTI	ICATE OF	DEATH	R	EG. NO.			
1. DECEDENT'S NAME (First, Middle, Last) NORA L	T	LUMBERG			2. DATE OF I	DAY	1991	3. TIME OF DEATH	
A, SOCIAL SECURITY NUMBER			T IS INJOED A DEAD	I IF CHINES AL LINE	7. DATE OF E	14		PHPLACE (State or Foreign	M
078 20 1023	1 M 2 X F	S. AGE (In yrs. last birthday, 90 YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	(Month, Da	ly, Year)	Count		,
	AVE •			WATER	EATH		NNE A	RUNDEL	
DO. STATE ANNE	ARUNDEI	10c. C	TY TOWN OR LOCA EDGEWAT	TION ER	-			10d. INSIDE CITY LIMITS?	
O. STREET AND NUMBER LINDE	N AVE.		10	1. ZIP CODE 21037		10	g. CITIZEN OF U	WHAT COUNTRY?	
1. MARITAL STATUS Never Mairried 2 Merried Will Widowed 4 Divorced	12. WAS DECEDENT FORCES? 1 [IF YES, GIVE WA	EVER IN U.S. ARMEO YES YOUNG	If yes, s	CENDENT OF HISPAN secify Cuban, Maxica 5 2 NO Specifi	n, Puerto Rica			E — American Indian, ik, White, atc.	
15. DECEDENT'S EDUC	CATION		S USUAL OCCUPATI		16b. KII	ND OF BUSINES	SS/INDUSTRY		
(Specify only highest grade Elementary/Secondary (0-12)	College (1-4 or 5+)	HOMEMA		ost of worlding	но	USEWI	FE		
FATHER'S NAME (First, Middle, Last)				18. MOTHER'S NA	AME (First, Midd	lie, Maiden Sum	ame)		_
JAMES	LEVES			GERTR			INGST	ON	
De. INFORMANT'S NAME (Type/Print)	F T			and Number or Rural					
ONSTANCE HA	LL	3625		UM RD.	EDGEW	T			_
De. METHOD OF DISPOSITION Burlel 2 Cremetion 3 Remo	oval from State	20b. PLACE OF DISProther place)					ON — City or T	own, state	
Departion 5 Other (Specify)	ENSEE /	rop		Cremato		Alex	Va.		_
Lynellal of	· ful	Va	TAYL	OR FUNE	RAL C	HAPEL	Ann	apolis,	M
Sequentially list conditions, f any, leading to immediate cause. Enter UNDERLYING	b	OR AS A CONSEQUENCE		nseose	With	heavi	rfailu	re 190a	<u> </u>
CAUSE (Disease or Injury hat initiated events esulting in death) LAST	DUE TO (OR AS A CONSEQUENCE	OF):		_				
PART II. Other algolificant condition	e contributing to	death but not resulting	g in the underlyi	ng cause given in		a. WAS AN AUT PERFORMED	0?	b. WERE AUTOPSY FINDS AWAILABLE PRIOR TO COMPLETION OF CAUS OF GEATH?	
								1 YES 2 NO	
5. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			PLACE OF DEATH (C)	heck only one)				_
YES 2 NO		ER/Outpetlent 3 🗆 DOA	OTHER: 4 Nursing Ho	me 5 Residence	6 Other (S	(pecify)			
7. MANNER OF DEATH 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF I (Month, Da		NJURY W	JURY AT ORK? YES 2 NO	26d. DEŞCR	IBE HOW INJU	RY OCCUREO		
3 Suicide 6 Could not be determined		INJURY — At home, farm ttc. (Specify)	ı, street, factory, off	ca		ON (Street and lown, State)	Number or Rural	Route Number,	
cont only		my knowledge, death occu						(a) and manner se state	ıd.
9b. SIGNATURE AND TITLE OF CENTIFIE	1mies			DO5	1MBER 928	29	June	15, 199	
0. NAME AND ADDRESS OF PERSON WHO	Kinze	rMD.	1833A	Forest	Dri	ire, A	nnapo	lis, MD21	4
JUN 1 7 1991	Jula Davida	SSAMO			2.22	7	1		

REG. NO

6		1	
BALTIMORE, MARYLAND 21215-0020	er death. Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burlal-transit permit, Preselval.	Alfand of contract
SALTIMORE, M	r death. Page 6 may be ret	he funeral director, page 5 sal.	the manufacture and the matternal and manufacture

Aurs after death. Page 6 may be retained by the hospital or attending

this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached a with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within

DIVISION OF VITAL RECORDS, P.O. BOX 68760,

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Item 2

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DIRECTOR: After the hours after death with them 28 is mark

TO THE HOSPITAL C TO THE FUNERAL D be filed within 72 ho IMPORTANT: If Its

1. OECEDENT'S NAME (First, Middle, Last) 2. DATE OF GEATN 3. TIME OF OEATH June 19, ALICE BEEMAN 1991 6:20 PM 7. DATE OF BIRTH (Month, Day, Year) Sept. 19 1906 8. BIRTHPLACE (State or Foreign A SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 1 M 2 F DAYS Sept. 84 WV. 232-96-8845 9a. FACILITY NAME (If not institution, give street and number, 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF CEATH DIRECTOR Memorial hospital Cumber land **Allegany** RESIDENCE OF DECEDENT 10c, CITY, TOWN OR LOCATION 10d. INSIDE CITY WV. Piedmont VES 2 NO Mineral FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 26750 US 44 W. Harrison St. 12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yea or No-14. RACE - American Indian, Black, White, etc. FORCES? 1 YES 2 If yes, specify Cuban, Maxican, Puerto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3 🕅 Widowed 4 🗌 Divorced White 16a. DECEDENT'S USUAL OCCUPATION
(Give kind of work done during most of working COMPLETED 15. OECEOENT'S EOUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple Elementary/Secondary (0-12) College (1-4 or 5+) Housewife Unknown Home 17. FATHER'S NAME (First, Middle, Last) 16, MOTNER'S NAME (First, Middle, Maiden Surname) Kidwell Hugh Hook Anna BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Pural Boute Number City or Town, State, Zio Code) 2 Piedmont, WV. 26750 Charles M. Beeman 44 W. Harrison St., METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name 20c. LOCATION - City or Town, State OATE Burial 2 Cremation 3 Ram
4 Donation 5 Over (Specify) Peter' 6-24-91 s Cemetery Westernport, Md. 22. NAME AND ADDRESS OF FACILITY Boal-Warnick Funeral Service 111 Church St. 21562 Westernport, ses, or complications that ceused the death. Do not enter the mode of dying, such as cardiec or respiratory arrest, **Approximate** Interval Betwee shock, or haert fellure. List only one cause on each line Onset and Death IMMEDIATE CAUSE (Finel ears Lon resulting in death) DUE TO (OR AS A CONSEQUENCE OF): sone CERTIFICATION Sequentially list conditions, DUE TO JOB AS A CONSEQUENCE OF if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury OUE TO (OR AS A CONSEQUENCE OF): resulting in death) LAST PART II. Other aignificant conditions contributing to death but not resulting in the underlying ceuse given in Part I. 24a. WAS AN AUTOPSY PERFORMED? 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 - YES 2 NO 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF DEATN (Check only one) OTHER:
4 | Nursing Nome 5 | Residence 8 | Other (Specify) 1 YES 2 NO patient 2 ER/Outpatient 3 DOA 28a. DATE OF INJURY (Month, Day, Year) 27. MANNED OF DEATH 28c, INJURY AT WORK? 28b. TIME OF INJURY 28d. DESCRIBE HOW INJURY OCCURED 1 Natural 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, stc. (Specify) 28t. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be COMPLETED 4 Homicide 1 CERTIFYING PNYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, deeth occured at the time, data and place, and due to the cause(a) and manner as stated. 29b. SIGNATURE AND TITLE OF CERTIFIES 29d. DATE SIGNED (Month, Day, Year) 29c. LICENSE NUMBER BE D 3 3 2 8 0 6 9 2 30. NAME AND ADDRESS OF PERSON WHO COMPLITED CAUSE OF DEATH (ITEM 27) (Type, Print) Sunil Gupta-Memorial Hospital Medical Building-Cumberland, MD SEEN 327 HEGISTRAN'S MONTHON

	1	age	
DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within z-mours after death. Page 6 may be retained by the hospital or attending physician.	THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Age	fled within /2 hours after death with the State Dept. or Hearth and Mental Hygiene prior to burial, character, or removal.
OF VIT	PHYSICIAN:	this certifica	with the St.
DIVISION	THE HOSPITAL OR ATTENDING	THE FUNERAL DIRECTOR: After	filed within 72 hours after death

1. DECEDENT'S NAME (First, Middle, L.	nst)				2. DATE OF DEATH MONTH	DAY 1	3. TIME OF DEATN
Melvin	Wayne	Broadwater		3.0		1 91	0427A
4. SOCIAL SECURITY NUMBER 214-36-6575	1 M 2 □ F	AGE (In yrs. last birthday) 53 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTN (Month, Dey, Year) JUNE 18		BIRTHPLACE (State or Forei Country) Md •
Frostburg Co	mmunity Hos	pital	Frostb	or location of di	EATN	Alle	gany
RESIDENCE OF DECEDENT		10c, CIT	Y, TOWN OR LOCA	TION			10d. INSIDE CITY
Md. A1	legany		idland				TYT YES 2 N
10e. STREET AND NUMBER	regarry	I M		. ZIP CODE		10g CITIZE	N OF WHAT COUNTRY?
P.O.Box 271				21542		US	
11. MARITAL STATUS 1	12. WAS DECEDENT E FORCES? 1 V IF YES, GIVE WAR	VER IN U.S. ARMED YES 2 NO OR DATES	If yes, ap		NIC ORIGIN? (Specify in, Puerto Rican, etc.) y:	Yes or No—	N. RACE — American Indian. Black, White, etc. Specify: White
15. DECEDENT'S (Specify only highest of Elementary/Secondary (0-12)	EDUCATION tracte completed) College (1-4 or 5 +)	(Give kind of life. Do NOT u	USUAL OCCUPATE work done during mo se retired.)	ost of working		DUSINESS/INDUS	
Unknown 17. FATHER'S NAME (First, Middle, Last		Maint	enance F			nty Gov	/ •
					ME (First, Middle, Meld	en Surname)	
Melvin 19a. INFORMANT'S NAME (Type/Print)	L. Broadwat		ADDRESS OF	Velm			-4.3
	J 4				Route Number, City or 1		000)
Kathryn Bros					, Md. 215		
To METHOD OF DISPOSITION T		206. PLACE OF DISPO Procesi OUNTA	in View	Cem.		arton,	Md.
21. SIONATURE OF FUNERAL SERVICE	ELICENSÉE	- h	1		K funeral		ce t, md. 21562
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b	R AS A CONSEQUENCE OF AS A	PF):				
resulting in deetin) EAST	d						
POST COlecto				g cause given in	PERI	AN AUTOPSY ORMED? 2 NO	24b. WERE AUTOPSY FIN ANALAGUE PRIOR TO COMPLETION OF CA OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICA	AL.		26. F	LACE OF DEATH (C	neck only one)		1.
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:		6 Other (Specify)		
27. MANNER OF DEATH	28a. DATE OF IN	JURY 28b. TR	ME OF 28c. IN	JURY AT	28d. DESCRIBE NO	W INJURY OCCU	RED
1 Netural 5 Pending	(Month, Day,	rear) IN		ORK? YES 2 NO			
2 Accident Investigat 3 Suicide 6 Could no 4 Homicide determine	28e. PLACE OF building, et	INJURY — At home, farm, c. (Specify)			281. LOCATION (Stre City or Town, St	et and Number o	r Rural Route Number,
	HYSICIAN: To the best of m						
	D. Dpty Mr.	ex		29c. LICENSE NU D 091	мвен 5 7	29d, DATE	81GNED (Morith, Day, Year) 6/21/91
Paul Snow, M., 31. DATE FLUNDER 32. 1991		, ,,,,		Md 21502			

	1. DECEDENT'S NAME (First,	, Middle, Last)	LESLIE	Jo	hn	BAKE	IR.			2. DATE O	ne 24	100	MEAD	3. TIME OF DEATH 10:53
	4. SOCIAL SECURITY NUMBER		5. SEX	00	rs. last birthday)	IF UNDER 1 1		IF UNDER	24 HRS.	7. DATE O				LACE (State or Fon
	212-14-651		1 M 2 🗆 F	8	1 YRS.					3-29-1910 W			Wes	t Virg
Œ	9a. FACILITY NAME (If not in					9b. CITY, TOWN OR LOCATION OF DEATH Cumberland			100	9c. COUNTY OF DEATH Allegany				
010	Memoria RESIDENCE OF DEC	CEDENT									ATT			
L DIRECTOR	Maryland 100. STREET AND NUMBER		rett		Nt. Lake Park					I to CITIZEN OF			10d. INSIDE CITY LIMITS? 1 XYES 2 HAT COUNTRY?	
ERA	506 E Str						1	2155				13.0	SA	axi oodiiiiii
COMPLETED BY FUNERAL	11. MARITAL STATUS 1 Never Married 2 3 3 Widowed 4 Divo	FORCES?	? 1 ☐ YES 2 NO If yes		es, spe	cify Cuba		n, Puerlo Ri	(Specify Yes can, etc.)	or No-	14. RACE Black, Specify	- American India White, etc.		
	15. DEC (Specify only	EDENT'S EDI	JCATION e completed)	16	a. DECEDENT'S	USUAL OCC work done dur	UPATION ing mos	N t of workin	ng	16b.	CIND OF BUS	INESS/INDU	JSTRY	
	Elementary/Secondary (6	0-12)	College (1-4 or 5	+)	work done during most of working se retired.) Officer			I	aw &	Ord	der			
NOC	17. FATHER'S NAME (First, M										ddle, Malden			
BE C		John Baker Rac								Task				
10	Leslie Du					E St								1550
	20a. METHOD OF DISPOSIT 1 Burlat 2 Crematic 4 Donation 5 Other	TION on 3 - Rer	noval from State	20b. Pi	LACE AND OAT	E OF OISPOS	ITION	(Name		DATE	20c. LO	CATION — C	ity or Tov	rn, Stata
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE Evet a. Ray A. Leasure-Stein, Inc. 230 Balt Cumberland, Md. 21502													
		eert fellure	List only one ce			not anter tt	ie inoc	Je OI Gy	mg, suc	ti all cerui	ec or reapi	ratory arre	yat,	Approxima Interval B
	iMMEDIATE CAUSE (Figure 1) immediates or condition resulting in deeth)	→	P&	SPIRE	MEGUENCE V	Bil	ur e	2 / S	5=0	ERE JUST	du	Rome	id	
RTIFICATION	disease or condition	ediete ING ury	c	D (OR AS A CC	ONSEQUENCE O)F):	ur e	Lun T	Sev	222 2139	chi ase ng	au	id	
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Dr. Mark Sagin-Memorial Hospital 4th Floor-Cumberland, MD

30. NAME AND AGORESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND	TO THE HOSPIDAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within a curs after death. Page 6 may be retained by the hospi	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filted in by the funeral director, page 5 should be detached the within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.
. BO	rtificate b	ig physicial	ther tra
P.0	eath ce	attendin ntal Hyg	y, or 0
DS,	at the d	by the	y injur
ECOR	requires the	en signed of Health	shows an
F H	e law	has be Dept.	n 23 s
YII/	IAN: T	tificate e State	or iten
N OF	NG PHYSIC	fter this cer eath with th	marked,
SIO	LENDI	after d	28 is
DIV	OR A	DIREC	Hem
	TO THE HOSPITAL	THE FUNERAL OF THE MITTING 72	MPORTANT: IF
	-	- 5	-

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	REG. NO.

													TH
1.	DECEDENT'S NAME (First, Middle, Last) ELIZABETH JOHNS	TON BOYD							2. DATE OF DEA	4 DAY	199 TEAR	3. TIME OF DEAT	
1	L SOCIAL SECURITY NUMBER	S. SEX	6. AGE (In vr	s. last birthday)	IF UNDER	1 VEAR	IF UNDER	24 HRS	7. DATE OF BIRT			HPLACE (State or Fo	
	38 09 0862	1 M 2 V F	75	YRS.	MONTHS	DAYS	HOURS	MIN.	4 Manth Day 1	ear)	Wa	Shington	St
		**	12								COUNTY OF I		
N.	e. FACILITY NAME (If not institution, give s	treet and number)					OR LOCATIO	ON OF DI	ATH		AACO	DEATH	
11	3042 Pike Rd.				Riv	/a				4	AACO		
	RESIDENCE OF DECEDENT 10a, STATE 10b, COUNT	Y		10c, C/1	TY, TOWN C	OR LOCA	TION					10d. INSIDE CITY	,
	Md AAC)		Ri	va							LIMITS?	NO
-	IOe. STREET AND NUMBER				-	100	f. ZIP COD		-	104	a CITIZEN OF	WHAT COUNTRY?	,,,,
1	3042 Pike Rd					1.0	211					WILL COOK III	
Н	11. MARITAL STATUS	12. WAS DECEDER	T CHER IN II	e anuen	1 40	W# 0 DE			NC ORIGIN? (Spec		USA	OF America had	
	Never Merried 2 Merried	FORCES?	YES 2	≥ INO		If yes, op	ecify Cube	n, Mexico	n, Puerto Rican, el			CE — American Indi ck, White, etc.	ien,
1	Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES	S		1 TYES	2X□ NO	Specif	y:		Spec	"White	
H	15. DECEDENT'S EDU	CATION	16	a. DECEDENT'S	S USUAL O	CCUPATI	ON	_	16b, KIND (OF BUSINES	SS/INDUSTRY		
L	(Specify only highest grade	completed)		(Give kind of life. Do NOT u	work done	during mo	ost of worldi	ng					
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	title o					Aut	omo t	ive		
,	17. FATHER'S NAME (First, Middle, Last)	_					18. MOT	HER'S NA	ME (First, Middle, A				
ľ	Co. P. L. W. L.	UNICTON					10000		e Garvey				
4	AARON NEWTON JO	JHNS LUN		105 MAII 151	G ADDRESS	g /9			Route Number, City		tate 7in Code		
	Susan E Caldwell								Crownsvi			32	
	SUSAII E CATUWELL		1 001 01	1-							ION — City or 1		_
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L.	Donation 5 Other (Specify)	CENTRE		rie ci'			ND ADDRE	00 05 5	CHITY	Dar C.			
18	II. SHAMATURE OF FUNERAL SERVICE LA	CEMBER								7.70	10 Rid	gley Ave	
	/	2011 1	- the		H/	NELIH							•
	23. PART I. Enter the diseases, or shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)					Ann	apoli	smM	1. 21401			Approximinterval B	nate Setwee
	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition	S. DUE TO	O (OR AS A CO		OF):	Ann	apoli	smM	1. 21401			Approxim	nate Setwee
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3 3	shock, or heart fellure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentisity list conditions, if eny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other significent conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending Investigation Investigation Certifier (Chack only one) CERTIFIER (Chack only one)	BICIAN: To the base of EER: On the base of EER.	O (OR AS A CO O	DNSEOUENCE CONSEOUENCE CONSEOU	ornot enter OF): OF): OF): OTHE 4 Nu ME OF SURRY M , street, fac	nderlyir 28. First printing Hotel 28c. IN 1 ctory, offit time, det opinion,	place of dy Topics T	given in	Part I. 24e. V P 1 1 Deck only one) 6 Other (Spec 28d, DESCRIBE 28f, LOCATION City or Town	WAS AN AUTERFORMET YES 2 (Street and in , State)	PRY OCCURED Number or Rura r se stated, use to the cause	Approximinterval E Onset en VS AMALABLE PRIOR COMPLETION OF OF DEATH? 1 YES 2 Al Route Number,	FINDING A TO CAUSE NO

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Г	1. D	ECEDENT'S	N/

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

HEGISTHAN		CENTIF	TOATE	OF DEATH	REG. N	0.	and the second
1. DECEDENT'S NAME (First, Middle, Las.		INSMA				DAY YE	
DORIS E						5 9	
4. SOCIAL SECURITY NUMBER		6. AGE (In yrs. last birthday)		EAR IF UNDER 24 HRS. AYB HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year)	8. B	OUNTRY ACE (State or Foreign ountry) ashingt
578-18-2907	1 M 2 F	65 YRS.			1-8-	26	DC
9e. FACILITY NAME (If not inetitution, give	street and number)		9b. CITY, TO	WN OR LOCATION OF	DEATH	9c. COUNTY	OF DEATH
1252 Generals	Highway		Com	INSUICE.	mb	AA	
1252 Generals	222311111		000	1001002	7.1.9		
10a. STATE 10b. COUN	ITY	10c. Cf	TY, TOWN OR L	OCATION			10d. INSIDE CITY LIMITS?
Maryland Ann	e Arunde	1 Cr	ownsv	ille			1 YES 2 NO
10e. STREET AND NUMBER				10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
7050 0 .7	11.			03020		77	0. 4
1252 Generals	Highway	EVER IN U.S. ARMED	1 40 1404	21032	ANIC ORIGIN? (Specify)		S.A.
1 Never Merried 2 Merried	FORCES? 1	YES 2 NO	If ye	e, specify Cuban, Mexi	can, Puerto Ricen, etc.)		RACE — American Indien, Black, White, atc.
3 Widowed 4 Divorced	IF YES, GIVE W	AR OR DATES	1 🗆	YES 2 X NO Spe	offy:		Specify:
							hite
15. DECEDENT'S Et (Specify only highest gra		16a. DECEDENT	f work done duri	IPATION ng most of working	16b. KIND OF B	USINESS/INDUST	RY
Elementary/Secondary (0-12)	College (1-4 or 5+)	ille. Do NOT	use retired.)				
	2.	Secr	etary		Medic	al Fac.	ility
17. FATHER'S NAME (First, Middle, Last)		28		16. MOTHER'S	IAME (First, Middle, Maide	en Sumame)	
Edward D. Ve	ihmtver			Ethil	E. Mill	er	
19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	O ADDRESS (S		al Route Number, City or R		(o)
Richard H. Br	nineme						le,MD 2103
20a. METHOD OF DISPOSITION	ulnsma	20b, PLACE AND DA				LOCATION - City	
1 - Burlet 2 Cremetion 3 - Re	moval from State	of comptent cromsto	or or other place	n)	1 3		
4 Donation 6 Other (Specify)	, ,	Metropol	itan	Cremator	y 6/26 A	lexand	ria, VA
21. SIONATURE OF FUNERAL BERVICE	OCENSEE /	11					
Intohest A.	Faye	or			ral Chap		21401
23. PART I. Enter the diseases, o	//				ter St.		Approximate
ehock, or heart failur IMMEDIATE CAUSE (Finai disease or condition resulting in death)		OR AS A CONSCOUENCE	UIASTA	TIC to BI	PAIN		Onset and Dei
Sequentielly list conditions,	b						
If any, leading to immediate	DUE TO	(OR AS A CONSEQUENCE	OF):				
CAUSE (Disease or Injury	c						1
that initiated events	DUE TO	(OR AS A CONSEQUENCE	OF):				100
resulting in deeth) LAST	d						3.90
DARY II Other elemitions condition	and the stands	distant has been a dated	for the same	4 - 32 - 48			
PART ii. Other significent conditi	bna contributing to	death but not resulting	in the unde	riying cause given		AN AUTOPSY ORMED?	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO
					1 🗆 YES	2 🗆 NO	COMPLETION OF CAUSE OF DEATH?
							1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL				26. PLACE OF DEATH	Check only one)		
EXAMINER?	HOSPITAL:	ER/Outpatient 3 DOA	OTHER:	Home & Realdenc	- a - Oth (0#1)		
27. MANNER OF DEATH	28e. DATE OF			c. INJURY AT	28d. DESCRIBE HOW	W IN HURY OCCUPI	
1 Natural 5 Pending	(Month, De		NJURY	WORK?	200. DESCRIBE HO	WINDON' OCCUM	
2 Accident investigatio				1 YES 2 NO			
3 Suicide 6 Could not t	building, a	F INJURY — At home, farm atc. (Specify)	, street, factory	, office	28f. LOCATION (Street City or Town, Sta		lural Route Number,
4 Homicide determined							
290. CERTIFIER CERTIFYING PH	YSICIAN: To the best of	my knowledge, death occu	rred at the time	, data and place, and a	us to the cause(s) and n	nanner se stated	
anal and							use(e) end menner ee stated.
	- 0 0		in my opir	aon, death occured at 1	ne unre, uete end piece,	and to the Ce	oneral aum mannet de emed
29b. SIGNATURE AND TITLE OF CERTIF	IER /			29c. LICENSE N	/	29d. DATE SI	GNED (Month, Day, Year)
Janny PU	100 pm	our v		Do	8118	6/	25/9/
30. NAME AND ADDRESS OF PERSON	Later to the second sec			SUITE	./10		
STANLEY P. WAT	KINS, mD	51 FRAN	KLIN S	T Allah	2-00115 5-1	214	
STANLEY P. WAT 31. DATE FILED (Month, Dey, Year) 199	4 2 REGISTRA	R'S SIGNATARE	,,	J TON	POLIS MI	2194	
31. DATE FILED (Morith, Day, Year) 199	Julia Dav	1 don 1 la la con					

service for you

	1. DECEDENT'S NAME (First, Middle, L		E	2	-11	2. DATE OF DEATH DAY		3. TIME OF DEATH				
	4. SOCIAL SECURITY NUMBER	ERT 5. SEX 6. AG	E (In yrs. lest birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	JUNE 6	23 /99	NRTHPLACE (State or Forei				
	053-11-0297	1 M 2 - F	69 YRS.	MONTHS DAYS	HOURS MIN.	(Month, Day, Year)		Country)				
-	9s. FACILITY NAME (If not institution,		9b. CITY. TOWN	OR LOCATION OF DI	9-9-21	New York						
O.B.	PENINSULA GEN			SALISE								
5	RESIDENCE OF DECEDENT 10a. STATE 10b. COUNTY 10c. CITY, TOWN OR LOCATION											
# I	Md.	Worcester	p/	LIMITS? 1 ☐ YES 2 □ NO								
	10e. STREET AND NUMBER	10g. CITIZEN OF WHAT COUNTRY?										
FUNERAL	11523 Quil:	lin Way			2181	1 USA						
- 11	11. MARITAL STATUS 1 Never Married 2 Married	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OF	R IN U.S. ARMED	If yes, s	pecify Cuban, Maxica	PANIC ORIGIN? (Specify Yes or No— 14. RACE — America kican, Puerto Rican, etc.)						
	3 Widowed 4 Divorced	IF YES, GIVE WAR OF	WW]	[] TO YES	S 2 NO Specif	y:		SpecMy: White				
	15, DECEDENT'S (Specify only highest		(Give kind of	Work done during m		16b. KIND OF BU	SINESS/INDUST					
	Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT u	use retired.)								
È	.12		Sales	Manag		Aluminum						
COMPL	17. FATHER'S NAME (First, Middle, Las	0			P. STINCE OF PLANE	ME (First, Middle, Melder	Surname)	10)				
H	Nigel Bell					Meehan						
2	Phyllis A. I	Re11			and Number or Rural 11in Wa	Route Number, City or To		l., 21811				
	20a. METHOD OF DISPOSITION		20b. PLACE AND OAT			<u> </u>	DCATION - City					
	1 Burial 2 Cremation 3 -	Removal from Stata	of cemetary, cremator	y or other place)		D						
	4 Donation 5 Other (Specify) Berlin, Md. Sunset Memorial Dark Berlin, Md. 21. Sunset Memorial Dark											
	0 / 11/1//											
	23. PART I. Enter the diseases.	Me						rlin, md				
ATION	ahock, or heert fellure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. CARDIO PULMONARY BRREST OUE TO (OR AS A CONSEQUENCE OF): b. CONCESTIVE IFERRY FAICURE DUE TO (OR AS A CONSEQUENCE OF): ACUTE MYOCARDYNC TWEATHER STORY OF AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):											
5	CAUSE (Disease or Injury	DUE TO (OR A	IS A CONSECUENCE (OF):								
ERTIFICA		d.	IS A CONSECUENCE (OF):								
MEDICAL CERTIFICATION	CAUSE (Disease or Injury that Initiated events resulting in death) LAST	d	h but not resulting	oF): In the underlying	-	DEDEC	PRMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR I COMPLETION DF C OF DEATH?				
MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algoriticant cond. OTA BETE	dditions contributing to desti	h but not resulting	OF): In the underlyi	FAIL	PERFC	PRMED?	24b. WERE AUTOPSY FIN AMALABLE PRIOR T COMPLETION DF C/ OF DEATH?				
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ED BY PHYSICIAN: MEDICAL	CAUSE (Disease or Injury that Initiated events resulting in death) LAST PART II. Other algnificant cond OTA BETE 25. WAS CASE REFERRED TO MEDIC EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH	d. ditions contributing to desting to desting the desting to desting the desting to desting the desting to desting the destination of the destina	h but not resulting	OF): In the underlying the property of the pr	FAILO PLACE OF DEATH (O) THE 5 Residence NJURY AT YORK? YES 2 NO	PERFC 1 YES heck only one) 6 Other (Specify)	RMED? 2 NO INJURY OCCUR	24b. WERE AUTOPSY FIN ANALLABLE PRIOR T COMPLETION DF C OF DEATH? 1 YES 2 N				
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1 - FOR STATE REGISTRAR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Lest)					2. DATE OF	DEATH		3. TIME OF DEATH		
JOHN H.	BUECH	1LING			JUNE	DAY	1991	YEAR O > O-A		
4. SOCIAL SECURITY NUMBER 217 - 40 - 50 29	and the second s		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF (Month, D	BIRTH ay, 16ar) 29 – 41	Cou	THPLACE (State or Foreign untry)		
9a. FACILITY NAME (If not institution, give	street and number)		b. CITY, TOWN	OR LOCATION OF D			COUNTY OF			
University Ho	spital		Balti	more			City			
10a. STATE 10b. COUNT		10c. CITY,	TOWN OR LOCA	NTION				10d, INSIDE CITY		
Md An	ne Arund	el Eds	rewate	r			1 TYES 2 THO			
10e. STREET AND NUMBER				Of, ZIP CODE	10	og. CITIZEN OF WHAT COUNTRY?				
310 Fairmon			21037		USA					
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 IF YES, GIVE WAR	YES 2 X NO	If yes, s	CENDENT OF HISPA pecify Cuben, Mexica S 2 No. Specif	В	14. RACE — American Indian, Black, White, atc. Specify: White				
15. DECEDENT'S EDU (Specify only highest grade		16e. DECEDENT'S U	SUAL OCCUPATI	ION post of working	18b. Ki	ND OF BUSINE	SS/INDUSTRY	r		
Elementary/Secondary (0-12)	College (1-4 or 5+)		rk done during m retired.)		An	ne Ar	Co			
9th Gr.		Heavy	rdurb.	1				. 00.		
17. FATHER'S NAME (First, Middle, Last)	oobling			Mildre	2.44		name)			
Charles I. Bu	eculing	19b, MAILING A	ADDRESS (Street	end Number or Rural			tate, Zip Code)			
Anna Buechli	ng	2-4-4-1-1-7 PM (A. P.)	The second second	ont Dr.			4.			
20a METHOD OF DISPOSITION 1 A Burlel 2 Cremetion 3 Ren		20b. PLACE AND DATE	OF DISPOSITION	N (Name		20c. LOCAT				
4 Donation 5 Other (Specify)		cedar Hi				Sui	tland	d Md		
21. SIGNATURE OF FUNERAL SERVICE LI	· · · · · · · · · · · · · · · · · · ·							. 12 Ridg		
23. PART I. Enter the diseases, or shock, or heart feliure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. Diffu	on each line.	Ave of enter the m	., Anna	polis	, Md c or respirate	2140 ory arrest,	Approximate interval Between Onset and Deat		
ahock, or heert feliure. IMMEDIATE CAUSE (Finel disease or condition reaulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	a. Diffu	on each line.	Ave the enter the m Cell Failu	., Anna node of dying, aud Non - Ho	polis	, Md c or respirate	2140 ory arrest,	Approximate interval Between Onset and Deat		
ahock, or heert feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	a. Diffu	R AS A CONSEQUENCE OF	Ave to enter the m	., Anna node of dying, and Non - Ho re	polis ch as cardle	4a. WAS AN AUPPERFORME	2140 ory arrest,	Approximate interval Between Onset and Deat		
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the sequence of the second

	FOR STATE REGISTRAR	S	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.												10401
	1. DECEDENT'S NAME (First, Middle Walter	e, Lest)	•	Boy	oyett					2. DATE OF DEATH MONTH 06/15/91			3. TI	ME OF DEATH	
)	4. SOCIAL SECURITY NUMBER 214-05-2049	5. 9	EX	ol birthday) YRS.	MONTHS DAVE A					DATE OF BIRTH (MOOTH, 1973/04)		a. BIRTHPLACE (State of Country) Florida		E (State or Foreign da	
HOIS	98. FACILITY NAME (If not institution North Arunde	1 Hos				9b. CITY, TOWN OR LOCA Glen Burn							ec. COUNTY OF DEATH Anne Arundel		
DINEC		Arunde.	L	asadena							10d. INSIDE CIT-LIMITS? 1 YES 2 TIZEN OF WHAT COUNTRY?		LIMITS?		
FUNEHAL	10a. SCHOOL AND HUMBER RO	ad				. 1			10f. ZIP CODE 21122				10g. CITI	COUNTRY?	
20	11. MARITAL STATUS 1 Never Married 2 Marrie 3 Widowed 4 Divorced		FORCES? 1					ecify Cube	NT OF HISPANIC ORIGIN? (Specify Ye Cuben Mexican, Puarto Rican, etc.) NO Specify:			Black, White, atc.		merican Indian, ta, etc.	
COMPLEIED	15. DECEDENT (Specify only higher Elementary/Secondary (0-12)	st grade comp	N leted) liege (1-4 or 5 +	(G				nost of working			KIND OF BUSINESS/INDUSTRY			t	
BE CON	17. FATHER'S NAME (First, Middle, L OSCAT Boyett						HER'S NAI	ME (First,	Surname)						
2	Mrs. Frances		e Boyet		9b. MAILING ADDRESS (Street and Number or Rural Route Nul 659 Creek Road I						umber, City or Town, State, Zip Code) Pasadena MD			D	21122
	20a. METHOD OF DISPOSITION 1. Buriel 2 Cremetion 3 4 Donation 5 Other (Specific		nyal from StateOther_piece)								TION — City or Town, Stata SVIlle, MD				
	22. NAME AND ADDRESS OF FACILITY 495 Ritchie Hwy. Barranco Funeral Home Severna Park MD 2114														
	ahock, or heart for the state of the state of condition	es, or comp ellure. List	omplications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, its only one cause on each line.										Approximate interval Between Onset and Death		
CERTIFICATION	Sequentially list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST Sequentially list conditions, OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF): OUE TO (OR AS A CONSEQUENCE OF):														
WEDICAL	PART II. Other significant co	resulting	ng in the underlying ceuse given in Part i.					24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 12 NO		241	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO				
HYSICIAN	25. WAS CASE REFERRED TO MED EXAMINER? 1 YES 2 NO	IER? HOSPITAL: OTHER:													
2	27. MANNER OF DEATH 1 Netural 5 Pendir 2 Accident Investi		28a. DATE OF (Month, D		28b. TIN	ME OF JURY M	WC	IURY AT ORK? YES 2 [_ NO	28d. DE	SCRIBE HOW	INJURY OC	CURED		
ED B	3 Suicide 6 Could 4 Homicide detarm	not be	28e. PLACE O building,	F INJURY — At he atc. (Specify)	ome, farm,	street, fac	tory, offic	, office 28f. LOCATION (Street and Number or Rural City or Town, State)					or Aural	Floute I	Number,
COMPLE	een!			my knowledge, d										s) end	manner as stated.
BEC	29b. SIGNATURE AND TITLE OF CO	ERTIFIER .	Lign	ingon	= M	6.			ENSE NUN		<u>'</u>	29d. DAT	E SIGNEI	D (Mon	th, Day, Year)

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Airs after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTION: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-travall permit. Pages 1/2, 3 sec filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If them 28 is marked, or item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

BALTIMORE, MARYLAND 21203-3146

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

JUN 18 1991

ŀ	FOR 1 - STATE REGISTRAR	STATE OF I	MARYLAND /	DEPART RTIFI					MENTAL	HYGIEN	E	91	18468	
	1. DECEDENT'S NAME (First, Middle, Last)	H. C	benson	,					2. DATE (OF DEATH	NY _	YEAR 3.	TIME OF DEATH	
1	4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. lest	birthday)	IF UNDER	1 YEAR	IF UNDER	24 HRS.	7. DATE (Day, Year)		6. BIRTHPLACE (State or Foreign Country)		
71	212-10-9198	1 🔀 M 2 🗌 F	79	YRS.						12, 1		Maryland		
/_	9a. FACILITY NAME (If not institution, give atreet and number)					TOWN 0	R LOCATH	ON OF DE	EATH		9c. COUNTY OF DEATH			
010	Chesapeake Manor	Home		Arnold Ann							ne Arundel			
DIRECTOR	Maryland Anne	1000	TY, TOWN OR LOCATION						10d. INSIDE CITY LIMITS? 1 YES 2 NO					
=	10e. STREET AND NUMBER										10g. CITI	ZEN OF WHA		
FUNERAL	305 College Parkw	ay					21012	2			U. S	S.A.		
51	11. MARITAL STATUS	12. WAS DECEDED	IT EVER IN U.S. ARI	MED					NC ORIGIN n, Puerto R	7 (Specify Yes	or No-	14. RACE — Black, W	American Indian, hite, atc.	
BY	1 Never Married 2 Narried 3 Widowed 4 Divorced	IF YES, GIVE	MAR OR DATES				2XXNO			rouri, ottos		Specify: White		
COMPLETED	15. DECEDENT'S EDUC (Specify only highest grade	CATION completed)	16a. DE6	CEDENT'S	USUAL OC	CUPATIO	ON at of working	10	16b.	KIND OF BUS	SINESS/IND	USTRY		
	Elementary/Secondary (0-12)	College (1-4 or 5	+)	ve kind of w Do NOT use	retired.)	and the	a o non	-9						
MP	1st-Grade	None				None	9		Di	sable	d - N	lone		
S	17. FATHER'S NAME (First, Middle, Last)						18. MOTI	HER'S NA	ME (First, N	liddle, Maiden	Surname)			
BE		nson						Anna				Stall	ings	
2	19a. INFORMANT'S NAME (Type/Print)									er, City or Town	n, State, Zip	Code)		
	Anna Behrle) Man					PA	19301				
	20a. METHOD OF DISPOSITION 1 Burlal 2 A Cremation 3 Rame	oval from State	20b. PLACE (other pla	ice)			-	-				City or Town,		
	4 Donation 5 Other (Specify)	ENSEF	- Metro) Cre			Inc.		CRITY	Ba	ltimo	re. M	aryland	
	0111	LIVOLE								Home				
	Folest 1	Lyon	Buchn										MD 21061	
1	23. PART i. Enter the diseases, or cahock, or heart fallure.				ot enter	the mo	de of dy	ing, suc	h as card	iac or respi	iratory arr	rest,	Approximate Interval Between	
	IMMEDIATE CAUSE (Final	DIATE CAUSE (Final									Onset and Death			
	disease or condition resulting in death)	a	SEPSIS											
		DOETO	DUE TO (OR AS A CONSEQUENCE OF): PAROTID CARCINOMA											
ON	Sequentially list conditions,	b DUE TO	(OR AS A CONSEC					~(')						
Ä	If any, leading to immediate cause. Enter UNDERLYING	2											!	
표	CAUSE (Disease or injury that initiated events	DUE TO	OR AS A CONSEC	NENCE OF	7:									
CERTIFICATION	reaulting in death) LAST	d												
2	PART II. Other aignificant condition	s contribution to	death but not r	aculting i	n the un	dertyle	CHISA .	rahvan In	Part i	240 WAS AN	ALITTOPRY	24h W	ERE AUTOPSY FINDINGS	
S	The state of the s			country .			g cause	givoir		PERFOR	RMED?	AV	AILABLE PRIOR TO OMPLETION OF CAUSE	
MEDICA									- 1	1 TYES 2	19490	01	DEATH?	
									-			1	YES 2 NO	
AN	25. WAS CASE REFERRED TO MEDICAL					24 0	ACE OF F	MEATH (C)	neck only on	-				
PHYSICIAN:	EXAMINER?	HOSPITAL:	☐ ER/Outpatient 3	Пром	OTHER	32								
H	27, MANNER OP DEATH	28a. DATE O	FINJURY	28b. TIM	E OF	28c. IN.	URY AT	esacience	ace 6 ☐ Other (Specify) 28d. DE\$CRIBE HOW INJURY OCCURED					
	1 Return 5 Pending	(Month,	Day, Year)	INJ	URY		YES 2 [NO						
ВУ	2 Accident Investigation 3 Suicide 6 Could not be		OF INJURY — At ho	me, ferm, s	treet, fact	ory, offic				ATION (Street		r or Rural Rout	le Number,	
TED	4 Homicide detarmined	purony	i, etc. (Specify)						City	or Town, State)				
J.	29a. CERTIFIER 1 CERTIFYING PHYS	ICIAN: To the best of	of my knowledge, de	eth occum	d at the ti	ime, date	and place	, and due	to the cau	se(a) and ma	nner as sta	ted.		
COMPLET	one) 2 MEDICAL EXAMINE												nd menner as stated.	
	296. SIGNATURE AND TITLE OF CERTIFIE	R A	12		4 .		29c. LIC	ENSE NU	MBER		29d. DAT	E SIGNED (M	onth, Day, Year)	
BE	Somodo	- A	tendr	PA	10		D 2	217	76		► G	161	91	
2	30, NAME AND ADDRESS OF PERSON WH	O COMPLETED CA	ISE OF DEATH ATE	M 270 /Sma	Drint								A 4 -	

	100
(6	暉)
,	-
	Pages 1.

BALTIMORE, MARYLAND 21203-3146

TO BE COMPLETED BY FUNERAL DIRECTOR

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2. Just after death. Page 6 may be retained by the hospital or attending physician. TO THE FINERAL DIRECTOR: After this certificate has been signed by the attending physician and completely fixed in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

1. DECEDENT'S NAME (FIRST, MICCO	Jul:	la Marguerit	e Craig	2. DATE OF DEATH MONTH	DAY YEA	
	1CRAIG Jul:			-	7 91	11:50 PH
4. SOCIAL SECURITY NUMBER		140	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)	C	IRTNPLACE (State or Foreign puntry)
578-03-1760	1 M 2 F	83 YRS.		June 1, 1	_	shington, DC
9e. FACILITY NAME (If not instituti			b. CITY, TOWN DR LOCATION OF D	EATN	9c. COUNTY C	OF DEATN
RESIDENCE OF DECED	rove MOSPIT	AL	Rockville		Montg	omery
	COUNTY	10c. CITY,	TOWN DR LOCATION			10d. INSIDE CITY
Maryland M	ontgomery	Gai	thersburg			LIMITS?
10e. STREET AND NUMBER	Jiregomery	Gal	10f. ZIP CODE		10g. CITIZEN	OF WHAT COUNTRY?
19310 Club Ho	use Rd. Apt. #	509	20879		U.S	
11. MARITAL STATUS	12. WAS DECEDENT E	VER IN U.S. ARMED	13. WAS DECENDENT OF NISPA	NIC DRIGIN? (Specify Y		RACE — American Indian, Black, White, etc.
1 Never Merried 2 Merr	FDRCES? 1 IF YES, GIVE WAR		if yes, specify Cuben, Mexic 1 ☐ YES 2 ☒ ND Speci			Black, White, etc. Specify:White
3 🖾 Widowed 4 🗌 Divorced						WILLE
	IT'S EDUCATION lest grade completed)	16a. DECEDENT'S US	rk done during most of working	16b, KIND DF B	USINESS/INDUSTI	TY .
Elementary/Secondary (0-12)	College (1-4 or 5+)	life. Do NOT use i	retired.)			
12		Nurse		Healt	h Care	
17. FATHER'S NAME (First, Middle,	Last)		18. MOTNER'S N.	AME (First, Middle, Maide	n Surname)	
George Fletch				Pierson		
19e. INFORMANT'S NAME (Type/P	rint)		DDRESS (Street and Number or Rural			
Jean Gentile			Grackle Way, Ga			
20e. METNOD OF DISPOSITION 1		other place)	TON (Name of cemetery, crematory or		OCATION — City	
4 Donetlon 5 Other (Spe		Parklawn Me	emorial Park	Roo	kville,	Maryland
21. SIGNATURE OF THERAL SE	EVICE LICENSEE	110	22. NAME AND ADDRESS OF F	10 Fact D	Funeral.	Home
1 John	of Not	let				yland 20877
iMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated eventa resulting in death) LAST	b. Small Due to (or Small	AS A CONSEDUENCE OF):	struction Pepti	c ulcer o	disease	Onset and Death 2 days
PART II. Other algorificent of	onditiona contributing to de	ath but not resulting in	the underlying cause given in	PERF	N AUTOPSY DRMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION DF CAUSE
Ischemic h	eart disease			1 TYES	2 NO	OF DEATH? 1 ☐ YES 2 ☐ NO
25. WAS CASE REFERRED TO ME	OICAL		26. PLACE OF DEATH (C	theck only one)		
EXAMINER? 1 YES 2 ND	HOSPITAL:		OTHER:	8 □ Other (Specify)		
27. MANNER OF DEATN	26e. DATE DF IN	JURY 26b. TIME	OF 28c. INJURY AT	28d. DESCRIBE NOV	/ INJURY OCCURE	D
1 Netural 5 Pend 2 Accident Inves	fing (Month, Day, stigation	Year) INJUI	M 1 YES 2 NO			
3 Suicide 6 Coul	28a PLACE OF II	NJURY — At home, farm, str (Specify)	eet, factory, office	261. LOCATION (Stree City or Town, Ste		ural Route Number,
and and	EXAMINER: On the beels of exam		et the time, date end place, and du in my opinion, death occured at th	e time, date end place,	end due to the ca	use(e) end manner es stated.
Mor	ues B. B	29	D40	452	▶ 6/	19/91
911 RUSSEL	L AVENUE	GAitheRSL	oneg MA- 5	20879		
31. DATE FILED (MONTH, Day, Year)	1991 Julie De	SIGNATURE FORMAN	. / /	•		

V.

4 1 2

TO BE COMPLETED BY FUNERAL DIRECTOR

1 - STATE REGISTRAR		SIAIE UF MARY			OF DEATH	MENIAL HYGIEN REG. NO.		
1. DECEDENT'S NAME (First,	, Middle, Lest)					2. DATE OF DEATH		3. TIME OF DEATH
1	Via rac	aret D		CAS	sidy	MONTH D	- 91	EAR 1:45 ON #
4. SOCIAL SECURITY NUME	BER	S. SEX B. AG	E (In yrs. lest birthday)			7. DATE OF BIRTH (Month, Day, Year)	8.	BIRTHPLACE (State or Foreign
577-48-8597		1 M 2 F	76 YRS.	MONTHS DA	AYS HOURS MIN.	10-15-96	P	Country) ENNSYLVANIA
9a. FACILITY NAME (If not in	etitution, give str			96. CITY, TO	WN OR LOCATION OF D	DEATH		Y OF DEATH
GREATER LAU	REL BE	LTSVILLE HO	SPITAL	LAUI	REL		PRINC	E GEORGE'S
RESIDENCE OF DEC			T				111110	
	10b. COUNTY		10c. Cr	TY, TOWN OR L				10d. INSIDE CITY LIMITS?
MARYLAND	PRINC	E GEORGE'S		GREENI	T		,	1 YES 2 NO
10e. STREET AND NUMBER	0.17				10f. ZIP CODE		10g. CITIZE	N OF WHAT COUNTRY?
22 RIDGE R	OAD				2077	-	USA	
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 NO	If ye	B DECENDENT OF HISPA IS, specify Cuben, Mexic YES 2 X ND Speci		s or No—	I. RACE — American Indian, Black, White, etc. Specify: WHITE
	EDENT'S EDUC		16a. DECEDENT'S	S USUAL OCCU	PATION ng most of working	16b. KIND OF BU	SINESS/INDUS	STRY
Elementary/Secondary (0		College (1-4 or 5+)	Me. Do NOT	use retired.)	ng moet or working			
6			HOMEN	MAKER				
17. FATHER'S NAME (First, M	liddle, Last)				18. MOTHER'S N	AME (First, Middle, Malden	Surname)	
WILLIAM CO	NLIN				MAR G.	ARET SHEA		
19a. INFORMANT'S NAME (19b. MAILIN	G ADDRESS (St	treet and Number or Rural	Route Number, City or Tow	n, State, Zip C	ocle)
ANN O'HAGAN	- 12	DAUGHTER)	126 H	EDGEWOO	DD DRIVE	GREENBELT.	MARYL	AND 20770
20g. METHOD OF DISPOSIT	TON on 3 - Remo	val from State	other place)		of cemetery, cremetory or	20c. LO	CATION — CH	y or Town, State
4 Donation 5 Other			FORT LING				TWOOD	MARYLAND
21. SIGNATURE OF FUNERA	15	Year S		FRAN		LLINS FUNE		ME, INC. PR. MD. 20901
IMMEDIATE CAUSE (Fit disease or condition resulting in death) Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or injut that initiated events	tions, dilate ing	DUE TO (OR AS	S A CONSEQUENCE (B A CONSEQUENCE (B A CONSEQUENCE (P10-	HT LEG			Onset and Death
resulting in death) LAS	" [•							
PART II. Other algorifica	enditions	a contributing to death	PAIN S	In the under	rtying cause given in	Part I. 24a. WAS AMPERFOI	RMED?	24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 P NO
25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOEBET .			26. PLACE OF DEATH (C	Check only one)		
1 YES 2 NO		HOSPITAL:	utpetient 3 🗆 DOA	OTHER:	Home 5 - Residence	6 Other (Specify)	U/A.	
27. MANNER OF DEATH 1 Netural 5 1 2 Accident	Pending Investigation	28s. DATE OF INJUR (Month, Day, Yes		NJURY	e. INJURY AT WORK?	20d. DESCRIBE HOW	INJURY OCCU	RED
A [] a dista	Could not be determined	28e. PLACE OF INJU- building, etc. (S	PRY — At home, ferm, pecify)	, atreet, factory,	, office	251. LOCATION (Street City or Town, State	and Number or)	Flural Route Number,
Constant only		ZAN: To the best of my kn						l. cause(s) and manner as stated.
29b. SIGNATURE AND TITLE	1h	a line	m		29c. LICENSE NO	UMBER 197	29d. DATE:	BIGNED (Month, Day, Year)
	. CAS	AS MD a	8317 CH	TORRY	CA. CAUR	loz m) z	20207	7
31. DATE FILED (Month, Day, JUN 2	4 1991	32. MEGISTRAR'S SI	GNATURE COMPANY	2				

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Sections and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2 be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 13146,

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

BALTIMORE, MARYLAND 21203-3146

FOR STATE

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		4 21111	FICATE							
1. DECEDENT'S NAME (First, Middle, Last)						MONTH	OF DEATH DA		YEAR	3. TIME OF DEATH
FRED		CHARL	ES			JUNE	14,	1991		6:10 A
4. SOCIAL SECURITY NUMBER	5. SEX	6. AGE (In yrs. last birthda			DER 24 HRS.	7. DATE C	Day, Year)		8. BIRTHP Country	PLACE (State or Foreign
192-10-0328	1 反 M 2 □ F	82 YRS	MONTHS	DAYS HOUR	S MIN.		9,190	9 P		YLVANIA
9e. FACILITY NAME (If not institution, give	street end number)		9b. CITY,	TOWN OR LOC	ATION OF D		- ,	-	TY OF DE	
2206 CHARLESTON	DIACE		,	IV A DDCT	T			DOTA	OF O	TODORO
RESIDENCE OF DECEDENT	PLACE		1	HYATTSV	TLLE			PKIN	CE G	EORGES
10e. STATE 10b. COUN	TY	10c. C	CITY, TOWN O	OR LOCATION						10d. INSIDE CITY
MARYLAND PRIN	NCE GEORGE	C	HV A TPT	PCUTITE						LIMITS?
10e. STREET AND NUMBER	VCE GEORGE	3	niAI.	ISVILLE 101, ZIP C	205					
				101, ZIP C				10g. CI12	EN OF W	HAT COUNTRY?
2206 CHARLESTON	PLACE		1077.0		207	83			USA	
11. MARITAL STATUS	12. WAS DECEDENT	EVER IN U.S. ARMED X YES 2 NO		WAS DECENDEN				or No-	14. RACE	- American Indian, White, etc.
1 Never Merried 2 Merried	IF YES, GIVE WA	AR OR DATES		If yes, specify Ci			ican, etc.)		Specify	
3 Widowed 4 Divorced	WW I	I							WHIT	
15. DECEDENT'S EO		16a, DECEDENT	T'S USUAL O	CCUPATION		16b.	KIND OF BU	SINESS/IND	JSTRY	
(Specify only highest grad Elementary/Secondary (0-12)	Coffege (1-4 or 8+)	(Give kind Iffe. Do NO	of work done (T use retired.)	during most of wo	rking					
8	Conege (I-4 or 8 +)	STEREO	TVPFR		GPC	FF	DERAL	COVE	DATME	יווי
17. FATHER'S NAME (First, Middle, Last)		DIBREO	TILDI			-	iddle, Malden		KNFIE	IN T
17. PATHER'S NAME (FIRST, MIGGIS, CAST)				100				Sumame)		
						CHARI				
19e. INFORMANT'S NAME (Type/Print)		19b. MAILI	ING ADDRESS	S (Street end Nurr	ber or Rural	Route Numb	er, City or Tow	m, State, Zip	Code)	
JOANNA CHARLES	(WIFE)	2206	CHARI	LESTON	PLACE	TAYH	TSVIL	LE.MC	. 20	783
20a METHOD OF DISPOSITION 1 M Buriel 2 ☐ Cremation 3 ☐ Real		20b. PLACE AND D				OATE		CATION — C		
1 N Buriel 2 Cremation 3 Res	moval from State	of cemetary, cremat	ory or other p	olace)		1				
21. SIGNATURE OF FUNERAL SERVICE L	A. AA	GEORGE W.		NAME AND ADD			// ADE	LPHI.	MAR	YLAND
TAIN AND LOT	/ ()		FF	RANCIS	T. CO	LLTING	FUNE	RAT. H	OME	TNC
▶ (]/\(\lambda\)/\(\lambda\) 1\(\lambda\)	A LAND									,MD.20901
23. PART I. Enter the diseases, or	anax.									Approximate
IMMEDIATE CAUSE (Final	111+	se on each line.	1	1		,				Interval Between
	Meta	OR AS A CONSEQUENCE	Hor E OF):	n Ca	nce	ተ				Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Meta,	statue G		n Ca	nce	<u>ተ</u>				Interval Between
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate	b. DUE TO (Status GONSEQUENCE	E OF):	n Cá	nce	<u>ጎ</u>				Interval Between
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	b. DUE TO (IOR AS A CONSEQUENCE	E OF):	nderlying cause	MCL	n Part I.	24a, WAS AN PERFOI 1 YES :	RMED?	24b.	Interval Betwo
Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	b. DUE TO (IOR AS A CONSEQUENCE	E OF):	nderlying cause	MEL	n Part I.	PERFO	RMED?	24b.	Interval Betwo Onset and Da WERE AUTOPSY FINDIN AMALABLE PRIOR TO COMPLETION OF CAUSE
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions.	b. DUE TO (IOR AS A CONSEQUENCE	E OF):	nderlying cause		<u> </u>	PERFOI	RMED?	24b.	Interval Betwo Onset and Da
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions in the conditions of th	DUE TO (b. DUE TO (c. OUE TO (d. Ona contributing to (lona contr	(OR AS A CONSEQUENCE (OR AS A	OTHE	28. PLACE O R: raing Home 5 28c. INJURY WORK? 1 YES rtory, office	F DEATH (C	heck only on 6 Other 26d. DES 26f. LOC. City.	PERFOI 1 YES: (Specify) CRIBE HOW ATION (Street or Town, States see(a) and ma	RMED? 2 NO INJURY OCC end Number	or Rural R	Interval Betwoonset and Da
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IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions in death) LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation investigation of the process of the proc	DUE TO (b. DUE TO (c. OUE TO (d. OUE TO	(OR AS A CONSEQUENCE (OR AS A	OTHE	28. PLACE O R: raing Home 5 26c. INJURY A: WORK? 1 YES tory, office filme, date and pi opinion, death o	F DEATH (C	heck only on 6 Other 28d. DES 26f. LOC. City.	PERFOI 1 YES: (Specify) CRIBE HOW ATION (Street or Town, States see(a) and ma	INJURY OCC and Number inner as statund due to the	or Rural R	WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUS OF DEATH? 1 YES 2 NO
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STATE OF	MARYLAND	/ DEPARTMENT	OF HEALT	H AND	MENTAL	HYGIEN
	C	ERTIFICATE	OF DE	TH		REG. NO.

	1 - STATE REGISTRAR	STATE OF MARYL	AND / DEPARTM			MENTAL HYGIE		
	1. DECEDENT'S NAME (First, Middle, Last)	Ewno Comp				2. DATE OF DEATH MONTH	DAY Y	ar 3. TIME OF DEATN
	4. SOCIAL SECURITY NUMBER	Erna Compt		UNDER 1 YEAR	IF UNDER 24 HRS.	June 21,	1991	BIRTNPLACE (State or Foreign
1	113-03-3562	1 🗌 M 2 💢 F		NTHS DAYS	HOURS MIN.	(Month, Day, Year) Sept. 30		Country) Germany
	9e. FACILITY NAME (If not institution, give s	treet and number)	98	. CITY, TOWN C	R LOCATION OF DE	EATN	9c. COUNTY	OF DEATH
FUNERAL DIRECTOR	Shady Grove Num	sing Center		F	Rockville	9	1	Montgomery
JE.	10e. STATE 10b. COUNT	1	10c. CITY, TO	OWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?
DII	Maryland	Montgomery		100	Derwood ZIP CODE		10- CITIZEI	1 YES 2 NO
RA				101			Tog. Citizer	OF WHAT COUNTRY?
R	7324 Blanchar				2085			ted States
F	11. MARITAL STATUS 1 Never Married 2 Merried	12. WAS DECEDENT EVER I FORCES? 1 YES		13. WAS DEC	ENDENT OF NISPAN scify Cuban, Mexica	NIC ORIGIN? (Specify in, Puerto Rican, etc.)	Yes or No- 14	. RACE — American Indian, Black, White, etc.
ВУ	3XXWidowed 4 Divorced	IF YES, GIVE WAR OR D	ATES	1 TYES	2 NO Specify	n, Puerto Rican, etc.)		Specify:
				1				White
COMPLETED	15. DECEDENT'S EDU (Specify only highest grade		(Give kind of work life. Do NOT use re	done during mo	N st of working	16b. KIND OF I	BUSINESS/INDUS	TRY
E	Elementary/Secondary (0-12)	College (1-4 or 5 +)	Internati					
MP	12	-	Secretary	,		Foreig	n Busin	esses
0	17. FATNER'S NAME (First, Middle, Last)				18. MOTHER'S NA	ME (First, Middle, Maid	len Sumame)	
BE (Franz Muller				Margar	et Forste	r	
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING AD	DRESS (Street e		Route Number, City or 1		ode)
5	Margaret Wic	ks	7324 Bla	nchard	Drive D	erwood, N	(arvland	20055
			b. PLACE OF DISPOSITION				LOCATION - CIT	
	20s. METHOD OF DISPOSITION 1X Buriel 2 Cremation 3 Rem 4 Donation 5 Other (Specify)	oval from State	other place)					
	21. SIGNATURE OF FUNERAL SERVICE LIC	EMERE /	Gate of		Cemeter	y [51.	iver spi	ring, Maryland
		2. /.		Rober	t A. Pun	iphrey Full	neral Ho	ome/
	1 Same	Karlet	M00335	Avenu	e Rockvi	lle, Mar	pland 20	0850
	23. PART I. Enter the diseases, or	complications that cause	d the death. Do not	anter the mo	da of dylng, suc	h aa cardlac or re	apiratory arrea	t, Approximate
	shock, or heart failure.	List only one cause on a	each line.					Interval Between Onset and Death
	IMMEDIATE CAUSE (Final disease or condition	ρ .	aant.					
	resulting in death)		eum on a					Tweek
		0	- / (7				Tweek
CERTIFICATION	Sequentially list conditions,		A CONSEQUENCE OF:	sesse				years
Ē	If any, leading to immediate cause. Enter UNDERLYING	ו פא אטן טו שטע	A CONSEQUENCE OF):					
0	CAUSE (Disease or Injury	C						
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	A CONSEQUENCE OF):					
EB	Totaling in deality 270	d						
	PART II. Other aignificant condition	a contributing to death i	nut not requiting in t	he underlying	a course observing	Part I 24a WAR	AN AUTOPSY	24b. WERE AUTOPSY FINDINGS
PHYSICIAN: MEDICAL				ne dilderiyin	g cause given in		ORMED?	AMAILABLE PRIOR TO
ă	3/1 Cerupro va	scular Acadesi	1111			1 TES	2 NO	OF DEATH?
ME	Vialete Mellite	, Kheinsetpil	Arthritis.					1 TYES 2 NO
ž								
AK	25. WAS CASE REFERRED TO MEDICAL EXAMINER?				ACE OF DEATH (Ch	eck only one)		
Sic	1 VES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Out	petient 3 DOA 4	THER:	e 5 🗆 Residence	8 Other (Specify)		
Ŧ	27. MANNER OF DEATN	28e. DATE OF INJURY	28b. TIME O	F 28c. INJ	URY AT	28d. DESCRIBE NO	W INJURY OCCUP	RED
	1 Natural 5 Pending	(Month, Day, Year)	INJUR		RK7 YES 2 NO			
ВУ	2 Accident Investigation	28. PLACE OF IN BIO	Y — At home, ferm, stre			281. LOCATION (Stre		Design to the Name of the Control of
03	3 Suicide 6 Could not be 4 Homicide determined	building, etc. (Spe	icify)	nt, metery, orne		City or Town, St		Plurer Ploute Number,
E								
COMPLETED	Contract of the	ICIAN: To the best of my know						
0	2 MEDICAL EXAMINE	IN: On the basis of examination	on and/or investigation, i	n my opinion, a	eath occured at the	time, data and place,	end due to the c	cause(s) and manner as stated.
ш	296, SIGNATURE AND THE OF CERTIFIE	A, 11.			29c. LICENSE NUI			IGNED (Month, Day, Year)
8	1/dyne 2	//lex m	2		D3	1840	D 6	12/91
2	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAUSE OF DE	EATH (ITEM 27) (Type, Pri	int)	1	11 .4.		1 -1
	Wayne L. Meyer, M	10 9715 Medi	cal Center Ori	in #214	Kocki	1840 ithe, MD	20850	
	31. DATÉ FILED (Month, Day, 1687)	32 REGISTRAR'S SIGN	NATURE					

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	tte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as	ite has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as ate Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

REGISTRAR 1. DECEDENT'S NAME (First,	, Middle, Last)		М		CA'	V/E		2. DATE OF MONTH	DEATH DA	v ,	YEAR 3.	TIME OF DEATN
KAREN			M					06	28	199	1 6	45 P
4. SOCIAL SECURITY NUME 218-80-1		8. SEX 1 M 2 F	6. AGE (In yrs	s. lest birthday) YRS.	MONTHS DA		MIN.	7. DATE OF (Month, D 11/2		961	Country)	ace (State or Foreigns)
9a. FACILITY NAME (If not in	atitution, give s	treet and number)			9b. CITY, TO	WN OR LOCAT	TION OF DE	ATH		9c. COUNT	Y OF DEA	тн
BLOOM ROAD					WEST	MINSTE	ER			CARRO	OLL	
RESIDENCE OF DEC	10b. COUNTY	1		10c, CI1	ry, town or L	OCATION					10	d, INSIDE CITY
MD	Carr	roll			Wes	tmins	ster				1	LIMITS?
100. STREET AND NUMBER						101. ZIP COI		_		10g. CITIZE		AT COUNTRY?
712 Winch	neste	r Drive				21	157			U.	S.	
11. MARITAL STATUS 1 Never Married 2 3 Wildowed 4 Divo	Married	12. WAS DECEDEN	NT EVER IN U.S I YES 2 WAR OR DATES	NO	If ye	DECENDENT s, specify Cut YES 2 N	en, Mexica	NC ORIGIN? (5 in, Puerto Rici y:	Specify Yes an, etc.)	or No-	Specify:	American Indien, White, etc.
15. DEC (Specify onl	EDENT'S EDU	CATION completed)	16a		work done during retired.)		dna	16b. KI	ND OF BUS	SINESS/INDUS	STRY	
Elementary/Secondary (College (1-4 or 5							1-	- 7 4.1-		
		4	0	ccupa	tiona					alth	ca	re
17. FATNER'S NAME (Flost, M Robert B)		COTTO					auli	ME (First, Mide	DOC			
19a. INFORMANT'S NAME (Jave		19h MAILIN	G ADDRESS (St						incle)	
Mr. Rober		Cave		1603				e. W				Md.
20a. METNOD OF DISPOSIT				ACE AND DAT	E OF DISPOSIT	TION (Name		DATE	Y	CATION — CH	ty or Town	
1 Burial 2 \ Crematic	on 3 🗌 Rem	oval from Stata	of ceme	etary, cremator	y or other place)		711	Uor	nnata	24	Ma
4 🗆 Donation 5 🗆 Other	(Specify)		_ Car	roll	Crema	tions	3	7/1	LIGH	III S LE	au.	PIC a
4 Donation 5 Other	(Specify)	CENSEE	_ Car	roll	Crema	AE AND ADDR	ESS OF FA	CILITY		npste		
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BALTIMORE, MARYLAND	24 hours after death. Page 6 may be retained by the hosp	filled in by the funeral director, page 5 should be detached ion, or removal.	the medical examiner must be notified at once.
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	TO THE HOSPITAL DA ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hosp	TO THE FUNERAL, DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detache be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

30. NAME AND ADDRESS OF PERSON WHO COMPLETED

K. SWYL, WD

31. DATE FILED (Month, Day, Year)

32. REGI

32. REGISTRAR'S SIGNATURE

July Son-Randall

REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last)		CENTIFIC	ATE OF DEATH	2. DATE OF D	EG. NO.	3. TIME OF DEATH
HTLDA	М	CARBAUG	77	06 /		EAR
4. SOCIAL SECURITY NUMBER 215-26-2043	7	(In yrs. lest birthday) IF	UNDER 1 YEAR IF UNDER 24 HRS. THIS DAYS HOURS MIN.	7. DATE OF B	IRTH A.	BIRTHPLACE (State or Foreign Country)
9a. FACILITY NAME (If not institution, gives THE JOHNS HOPSKI RESIDENCE OF DECEDENT			CITY, TOWN OR LOCATION OF BALTIMORE CIT		9c. COUNTY BALTI	
	ington		Spring			10d. INSIDE CITY LIMITS? 1 YES 2 NO
10a. STREET AND NUMBER 13632 Blairs	valley Road	1.	10f. ZIP CODE 21722		10g. CITIZE	N OF WHAT COUNTRY?
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 🔯 NO	13. WAS DECENDENT OF HISP If yes, specify Cuban, Maxi 1YES 2 MNO Spe	can, Puerto Rican		RACE — American Indian, Black, White, etc. Specify: White
15. DECEDENT'S EDU (Specify only highest grade Elementary/Secondary (0-12) 17. FATHER'S NAME (First, Middle, Last)		16a. DECEDENT'S USI (Give kind of work life. Do NOT, use re Machine	done during most of working ired.)	100	of Business/INDUS	
17. FATHER'S NAME (First, Middle, Last) George David	Repp				Meldon Sumame) 10 Faith	
19a. INFORMANT'S NAME (Type/Print) Kenneth Carbau	gh.	The second secon	PRESS (Street and Number or Rur Blairsvalle		Clear Sp	
20a. METHOD OF DISPOSITION 1-S Buriet 2 Cremation 3 Ren 4 Donation - Donation - Other (Specify)	novat from State	b. PLACE AND DATE OF	DISPOSITION (Name the Cylar Bemetery	6 DATE	20c. LOCATION — CH Clear Sy	
31 SIGNATURE OF FUNERAL SERVICE LI	CENSER	1:	22. NAME AND ADDRESS OF	FACILITY	son Funer	cal Home. In
22 BART I Enter the discount		20	E.O.DOY	O CTES	ar Spring	g, MD. 21722
23. PART I. Enter the diseases, or ahock, or heart fellure. IMMEDIATE CAUSE (Final disease or condition resulting in death)	a. OVW	um (enter the mode of dying, s			g, MD. 21722
ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. OV CM DUE TO (OR AS A	ech line.	enter the mode of dying, s			t, Approximate Interval Between Onset and Death
ahock, or heart feilure. IMMEDIATE CAUSE (Finel disease or condition resulting in death)	a. DUE TO (OR AS A	A CONSEQUENCE OF):	enter the mode of dying, s			t, Approximate Interval Between Onset and Death
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	b. DUE TO (OR AS A DUE TO (OR AS A d.	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	enter the mode of dying, a	In Part I. 24		t, Approximate Interval Between Onset and Death
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions.	a. DUE TO (OR AS A DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to band of	the underlying cause given 26. PLACE OF DEATH	In Part I. 24e	or reapiratory arres	Approximate interval Between Onset and Death 3 WO. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST PART II. Other significant conditions. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES YES NO 27. MANNER OF DEATH	a. OV CM BUE TO (OR AS A B. DUE TO (OR AS A C. DUE TO (OR AS A d. DUE TO (OR AS A	A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to band of	enter the mode of dying, and continued the underlying cause given 28. PLACE OF DEATH THER: Nursing Home 5 Residence	In Part I. 24e 1 (Check only one)	or reapiratory arres	Approximate Interval Between Onset and Death 3 MO. 24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 PNO
ahock, or heart feilure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 25 NO 27. MANNER OF DEATH Natural 5 Pending investigation	a. DUE TO (OR AS A b. DUE TO (OR AS A d. DUE TO (OR	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF): Dut not resulting in to the consequence of the c	enter the mode of dying, and the control of the con	In Part I. 244 1 (Check only one) 28d, DE\$CRI	or reapiratory arres	Approximate Interval Between Onset and Death 3 W
Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initieted events resulting in deeth) LAST PART II. Other significent conditions resulting in deeth LAST 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Natural 5 Pending investigation 2 Accident Could not be detarmined 3 Suicide Gould not be detarmined 29a. CERTIFIER CERTIFYING PHY:	B. DUE TO (OR AS A DUE TO (OR	petient 3 DOA 4 28b. Time 0 INJURY A consequence of):	enter the mode of dying, and the control of the con	In Part I. 24a 1 (Check only one) 26 G Other (Sp. 28d, DESCRII 28t. LOCATIC City or %	or reapiratory arres	Approximate Interval Between Onset and Death 3 MO. 24b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach		IMPORTANT: if Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
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within	pletely	be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burial, cremation, or removal.	ent,
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31. DATE FILEO (Month, Day, Year)

	1 - STATE REGISTRAR 1. DECEDENT'S NAME (First, Middle, Last) ADDRES I	O/AGNES	TOLA	COOKE	E OF DEATH	2. DATE OF DEL MONTH June 24	DAY	YEAR	3. TIME OF DEATH
	4. SOCIAL SPEURITY NUMBER 213-16-1510	1 🗆 M 2 😾 F	E (In yrs. lest birth	res. MONTHS	1 YEAR IF UNDER 24 HRS. DAYS HOURS MIN.	7. DATE OF BIR March	TH	B. BIRTH	PLACE (Stelle or Foreign nnsylvania
TOR TOR	98. FACILITY NAME (If not institution, give a Washington Count RESIDENCE OF DECEDENT				n town or Location of Cagerstown	DEATH	ec. coun Was		ng ton
FUNERAL DIRECTOR	10a. STATE 10b. COUNT	shington	100	e. CITY, TOWN C	or Location erstown				10d. INSIDE CITY LIMITS? 1 XX YES 2 NO
ERAL	100. STREET AND NUMBER 808 Park Road				101. ZIP CODE 21740		10g. CITIZ		WHAT COUNTRY?
BY FUN	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 YE IF YES, GIVE WAR OR	S 2 XNO	- 3	WAS OECENOENT OF HISP/ If yee, specify Cuben, Mexic 1 YES 2 NO Spec	an, Puerto Rican, e	olfy Yea or No—	14. RACE Black Speci	E — American Indian, k, Whita, etc.
COMPLETED	15. DECEDENT'S EOU (Specify only highest grade Elementary/Secondary (0-12)		(Give kin	ENT'S USUAL O nd of work done NOT use retired.) Okbinde	during most of working		of Business/INDU		g Company
BE CON	17. FATHER'S NAME (First, Middle, Last) Morris Guy	Myers			Ida	AME (First, Middle, i May	Barnh		
5	19a. INFORMANT'S NAME (Type/Print) Marvin F. Cooke	2			s (Street and Number or Rura Road, Hager				
	20a. METHOD OF DISPOSITION								
	1 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE A. Mall	CENSEE	Rest Ha	aven Ce Ar	emetery NAME AND ADDRESS OF FI	6-26-91 ACIUTY fman Fui	neral Ho	own,	, Wash., Md.
IFICATION	1 Durial 2 Cremetion 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition rasulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	CENSEE Complications that calve List only one cause on DUE TO (OR AS DUE TO (OR AS	of cemetary, crem Rest Ha	natory or other payers. 22. Ar 4(Do not antai	emetery NAME AND ADDRESS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FINDERS OF FIN	6-26-91 ACLUTY fman Fun m Stree ch as cardiac on	Hagerstoneral Hora, Hager	own, me, stov	, Wash., Md.
MEDICAL CERTIFICATION	117 Burial 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIFE 23. PART I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury	CENSEE COMPlications that calve List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	Rest Ha	natory or other payers aven Ce 22. Ar 4(Do not antai	emetery NAME AND ADDRESS OF F ON THE STATE OF THE STATE	6-26-91 ACILITY Finan Fun Im Street Chas cardiac on	Hagerstoneral Hora, Hager	me, stov	Inc. wn, Md. 2174 Approximate Interval Between
	1 Durial 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIFE 23. PART I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	CENSEE COMPlications that calve List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENTS A CONSEQUENTS A CONSEQUENTS	NCE OF):	emetery NAME AND ADDRESS OF F INDICATE OF THE MARKET STATE THE MODE OF DEATH (C. R.:	n Part I. 24a.	Hagerstoneral Hout, Hager respiratory arre	me, stov	Mash., Md. Inc. Wn, Md. 2174 Approximate interval Between Onset and Death Death Death Death Death Death Death Death
PHYSICIAN: MEDICAL	117 Burlal 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIE 23. PART I. Enter the diseases, or shock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	DUE TO (OR AS DUE TO	S A CONSEQUENTS	NCE OF): Iting in the unitary of the property	Demetery NAME AND ADDRESS OF F INDICATE OF DEATH (C. R.: Parallel Home 5 Residence 28c. PLACE OF DEATH (C. R.: 28c. PLACE OF DEATH (C. R.: 28c.	n Part I. 24a.	Hagerstoneral Hout, Hager respiratory arre	own,	Mash., Md. Inc. Wn, Md. 2174 Approximate interval Between Onset and Death Death Death Death Death Death Death Death
	1 Durial 2 Cremation 3 Rem 4 Donation 8 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LIFE 23. PART I. Enter the diseases, or shock, pr heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other algnificant conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF OEATH 1 Netural 5 Pending	CENSEE Complications that cays List only one cause on DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS DUE TO (OR AS	S A CONSEQUENT S A CO	NCE OF): Iting in the unitary of the property	Demetery NAME AND ADDRESS OF F INDICATE OF DEATH (C. R.: Parallel Home 5 Residence 28c. PLACE OF DEATH (C. R.: 28c. PLACE OF DEATH (C. R.: 28c.	n Part I. 24a. Check only one) 8 Other (Special Control of the C	Hagerstoneral Hout, Hager respiratory arrespiratory arresp	own, me, stov	Mash., Md. Inc. Wn, Md. 2174 Approximate interval Between Onset and Death Onset and Death Manual E PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO

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BALTIMORE, MARYLAND 21215-0020	s after death, Page 6 may be retained by the hospital or attending physician. by the funeral director, page 5 should be detached for use as the burial-transit permit emoval.	
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	L OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician. L DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Prov. I hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	

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er death, Page 6 may be retained by the hospital or attending physician.	the funeral director, page 5 should be detached for use as the burial-transit permit, ral.	i examiner must be notified at once.
TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit, be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal,	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

	1 - STATE REGISTRAR	OHATE OF MINA		ICATE OF		REG. NO).			
	1. DECEDENT'S NAME (First, Middle, Last)	77	1			2. DATE OF DEATH	NAW .	YEAR	3. TIME OF DEATH	н
	Audrey M/	Cubl	page			б а	20	1991	3;45	р, м,
		SEX 8. A	GE (In yrs. last birthday) 94 YRS.	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) OCT. 23,1	.896	Country	PLACE (State or For	eign
OR	9a. FACILITY NAME (If not institution, give atree Coffman Home		e Aged	96. CITY, TOWN	E LOCATION OF DI		9c. COL	shing	EATH	
5	RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		100 00	TY, TOWN OR LOCA	ION .				10d. INSIDE CITY	
DIR	Maryland Washing	ton		gerstown					1 X YES 2 1	NO
FUNERAL DIRECTOR	1304 Pennsylvania				21740		U	SA	/HAT COUNTRY?	
ВУ	11. MARITAL STATUS 1 Never Married 2 Married 3 Nuldowed 4 Divorced	2. WAS DECEDENT EV. FORCES? 1 1 1 IF YES, GIVE WAR C	ES 2 NO	If yes, sp		NIC ORIGIN? (Specify Year, Puerto Rican, atc.) y:	ia or No—	14. RACE Black Specif	- American India t, White, etc. fy: White	n,
COMPLETED			(Give kind of life, Do NOT of			16b. KIND OF BU	JSINESS/IN	IDUSTRY		
N N	8		Home	maker						
8	17. FATHER'S NAME (First, Middle, Leet) Charles Harris				and the second second	ne Baker	n Surname)			
BE	19a. INFORMANT'S NAME (Type/Print)		19b. MA/LIN	G ADDRESS (Street		Route Number, City or To	wn. State. Z	ip Codel		
2	Dorothy Schlotterbe	eck				rstown, Ma			21740	
	20s. METHOD OF DISPOSITION 1 [X] Burlel 2 Cremetion 3 Remove 4 Donation 5 Other (Specify)		20b. PLACE AND DATE of cemetary, premator Mt.Olivet	E OF DISPOSITION	(Name	DATE 20c, L	OCATION -	ock,N		Т
	21. BIGNATURE OF FUNERAL SERVICE LICEN	SEE A	1101011100	22. NAME A	ND ADDRESS OF FA	Grove I	uner	al Ho	ome	
_	23. PART I. Enter the diseases, or con	& suce	<u> </u>			Street Ha			2175	0
DICAL CERTIFICATION	ehock, or heert failure. List IMMEDIATE CAUSE (Final disease or condition resulting in deeth) Sequentially list conditions, if any, leading to immediate ceuse. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in deeth) LAST	DUE TO (OR	AS A CONSEQUENCE OF AS A C	Sthwer Pri But	live li	ung die	en	0	Interval Be Onset and	
JICAL CEF	PART II. Other significant conditions	contributing to dea	th but not resulting	in the underlying	g cause given in	Part I. 24a. WAS A PERFO	RMED?	246	WERE AUTOPSY FI AVAILABLE PRIOR COMPLETION OF COMPLETION OF COMPLE	то
ME									1 YES 2 1	10
IAN	25. WAS CASE REFERRED TO MEDICAL			20:1	LACE OF DEATH (C	heck only one)				
SIC		OSPITAL: ☐ inputient 2 ☐ ER	/Outpetient 3 DOA	OTHER:	ne 5 🗆 Residence	8 Other (Specify)				
BY PHYSICIAN:	27. MANNES OF DEATH 1 Netural 5 Pending 2 Accident Investigation	28a. DATE OF INJ (Month, Day, Y	JRY 28b. Tr	ME OF 28c. IN	URY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY O	CCURED		
	3 Suicide 8 Could not be determined	28e. PLACE OF IN building, etc.	JURY — At home, farm (Specify)	, street, factory, offi	:	28f. LOCATION (Stree City or Town, State	t and Numb e)	er or Rural I	Route Number,	
COMPLETED	29e. CERTIFIER (Check only one) 1 CERTIFYING PHYSICIAL EXAMINER:								s) and menner as s	tated.
TO BE C	SHOWEL C	HAN			29c. LICENSE NU	IMBER	29d. D/	ATE SIGNED	(Mgnth, Day, Year)	
	1185 MT. AETWA	2D: HA	genstown	MD 21	140			′		
	JUN 28 '91	Acha Davidson	SIGNATURÉ AL ACOMANIA							

IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

REGISTRAR		CERTIF	ICATE O	F DEATH	REG. N	10.		
1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH	DAY	. VEAO 3	. TIME OF DEATH
Dorothy M	lae Cross.	lan			June 2	19, 199	1"	8:30 A
4. SOCIAL SECURITY NUMBER 381-32-7214		GE (In yrs. lest birthday)	IF UNDER 1 YEAR MONTHS DAY		7. DATE OF BIRTH (Month, Day, Year) April 24	1,1931	Country)	ACE (State or Foreign
9a. FACILITY NAME (If not institution, give 3207 Wake Driv			1	n on Location of D .ngton		9c. COU	tgome:	
RESIDENCE OF DECEDENT 10a. STATE 10b. COUNT	Y		ry, town dr Lo				1	Od. INSIDE CITY
Maryland Mont	gomery	Ke	ensingto	101, ZIP CODE		100 CIT		YES 2 ND
3207 Wake Drive				20895		Uni	ted S	tates
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVEN FORCES? 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	res 2 NO	ti yes,		NIC ORIGIN? (Specify an, Puarto Rican, etc.) ly:		Black, 1	- American Indian, Whita, etc. White
15. DECEDENT'S EDU (Specify only highest grad		16a. DECEDENT'S	Work done during	TION most of working	16b, KIND OF	BUSINESS/IN	DUSTRY	
Elementary/Secondary (0-12)	College (1-4 or 5+)	Nurses			Hospit	tal		
17. FATHER'S NAME (First, Middle, Lest) RUSSELL Cros	sslan				AME (First, Middle, Make Arbilla H			
19a. INFORMANT'S NAME (Type/Print)					Route Number, City or			205
JoAnn Gail S					sington, I	-		
20a, METHOD OF DISPOSITION TCABurlat 2 Cremation 3 Ren 4 Donation 5 Other (Specify)	novel from State	Gate of Dispo	Heaven	cometery, cremetory or Cemetery		LOCATION — Lver S	-	, s _{tale} , Marylan
21. SIGNATURE OF FUNERAL SERVICE LI	CENSEE PL.	M00827			Services ., Silver		a MD	20910
ahock, or heart failure. IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING	Cardiop DUE TO (OR Widely	oulmonary as a conseduence of Metastati as a conseduence of	of: c Breas	t Cancer				Interval Betwee Onset and De Immedia
CAUSE (Disease or injury that initiated events resulting in death) LAST	cDUE TO (DR	R AS A CONSEDUENCE OF):						
PART II. Other significant condition	ns contributing to dea	th but not resulting	In the underl	ring cause given in	PER	AN AUTOPSY FORMED? 3 2 XND		WERE AUTOPSY FINDING MAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? I YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?			20	PLACE OF DEATH (C	heck only one)			
1 YES 2 XNO	HOSPITAL: 1 Inpatient 2 ER	Outpatient 3 DOA	OTHER:	lome 5 💢 Residence	6 Other (Specify)			
27. MANNER OF DEATH 1 Netural 8 Pending Investigation	28a. DATE OF INJU (Month, Day, Y		JURY	INJURY AT WORK? YES 2 NO	28d. DESCRIBE HO	W INJURY OC	CURED	
2 Accident Investigation 3 Suicide 8 Could not be 4 Homicide detarmined	28s. PLACE OF IN. building, etc.	JURY — At home, farm, (Specify)	, street, factory, o	ffice	281. LOCATION (Str. City or Town, St		or or Aural Ao	ute Number,
one) 2 MEDICAL EXAMIN	SICIAN: To the best of my ER: On the basis of exami			n, death occured at th	e time, deta and place	, and due to t	the cause(a)	
296, SIGNATURE AND TITLE OF CERTIFIC	MO NCI-Na	vy Oncolpa	y Rellan.	29c. LICENSE NO				Month, Day, Year)
30. NAME AND ADDRESS OF PERSON W				CA GO	51723		.ฮ ปบท	ne 1991
Christopher Taki	moto, M.D.			01 Wiscon	sin Ave,	Bethe	sda, N	MD 20889
JI. DATE FILEO (Month, Day, Year)	wha Davids	SIGNATURE MANAGER						

BALTIMORE, MARYLAND 21215-0020	IC/AN: The law requires that the death certificate be executed within 24 nours after death. Page 6 may be retained by the hospital or attending physician.	are infecte has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit
	in 24 not	bally filled
" VITAL RECORDS, P.O. BOX 68760,	executed within	and complete
BOX.	ificate be e	physician
, P.O	leath cert	attending
RDS	that the d	d by the
RECC	requires t	en signe
AL F	he law r	e has be
= VIT	ICIAN: T	ertificati

	REGISTRAR		CERTIFI	CATE OF	DEATH	REG. NO.					
	1. DECEDENT'S NAME (First, Middle, Las	0				2. DATE OF DEATH MONTH DA	Y YE	3. TIME OF DEATH			
1	Dennis Blake					June 21	, 199				
)	212-09-7739	1 🖳 M 2 🗆 F	AGE (In yrs. lest birthday)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 3-16-14	W	BIRTHPLACE (State or Fore Country) est Virgi			
стоя	Pa. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH Union Hospital Elkton Cecil Residence of Decement										
DIREC	Md .		10c. CITY	, TOWN OR LOCA	Elkto	on	9	10d. INSIDE CITY LIMITS? 1 YES 2 X			
FUNERAL	100. STREET AND NUMBER 1084 Warburt	on Road		10	ZIP CODE	921		S.A.			
B	11, MARITAL STATUS 1 Never Married 2/C/Married 3 Widowed 4 Divorced	12. WAS DECEDENT E FORCES? 1 I IF YES, GIVE WAR	YES 2-VINO	If yes, sp	CENDENT OF HISPAI Hecity Cuben, Maxica 3 2 NO Specifi	NIC ORIGIN? (Specify Yes in, Puerto Rican, atc.) y:	or No— 14.	RACE — American Indian Black, White, etc. Specify: White			
LETED	15. DECEDENT'S El (Specify only highest gra Elementary/Secondary (0-12)	OUCATION ide completed) College (1-4 or 5+)	Ilfe. Do NOT us	rork done during me	ON ost of working	166. KIND OF BUS	per	TRY			
COMP	17. FATHER'S NAME (First, Middle, Lest) Earl Cosner	J. J. B				ME (First, Middle, Malden nerine Ha		. (9			
TO BE	19a. INFORMANT'S NAME (Type/Print) Violet V. Cos	sner				Route Number, City or Tow					
	20s. METHOD OF DISPOSITION 20b. PLACE AND DATE OF DISPOSITION (Name DATE 20c, LOCATION — City or of company of other place)										
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY 259 E. Main St., Gee Funeral Home Elkton, Md. 21921										
7	IMMEDIATE CAUSE (Final disease or condition resulting in death)	*	umonia	7):		·		Onset and			
CERTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST b. DUE TO (OR AS A CONSEQUENCE OF): C. DUE TO (OR AS A CONSEQUENCE OF):										
MEDICAL	PART II. Other eignificent conditions contributing to death but not resulting in the underlying cause given in Part I. - Urospai. - Mountwishment 24a. WAS AN AUTOPSY PERFORMED? 1 YES 2 NO						24b. WERE AUTOPSY FII AMAILABLE PRIOR I COMPLETION DF C OF DEATH? 1 YES 2 N				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	LACE OF DEATH (C						
	1 YES 2 NO 27. MANNER OF OEATH 1 Netural 8 Pending Investigation	28a. DATE OF IN (Month, Day,	(R/Outpetient 3 DOA DOA JURY Year) 28b. TIM	E OF 28c. IN	JURY AT ORK?	8 Other (Specify) 28d. DESCRIBE HOW	INJURY OCCUI	RED			
TED BY	2 Accident Investigation 3 Suicide 8 Could not 4 Homicide determined	28e. PLACE OF I building, etc	NJURY — At home, farm, c. (Specify)	street, factory, offi	ce	281. LOCATION (Street City or Town, State		Rural Route Number,			
COMPLETED	cool only	YSICIAN: To the best of m									
TO BE (29b. SIGNATURE AND TITLE OF CENTU	chows	OF DEATH #====		29c LICENSE NU D23	322	29d. DATE S	SIGNED (Month, Day, Year)			
					Md. 219	21					
	31. DATE FILED (Month, Day, Year) JUN 2 L	North St	signature Wha Davidson—	Pandall.							

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STATE OF MADYLAND / DEDADTMENT OF DEALTH AND MENTAL DVCIENE

	1 - STATE REGISTRAR	SIMIE OF MARTLA	CERTIF	ICATE OF		REG. NO.	_		
	1. DECEDENT'S NAME (First, Middle, Last)					2. DATE OF DEATH		YEAR 3	. TIME OF DEATH
- 1	ELLEN J.	. C	OLE			June 11,	199		м
	4. SOCIAL SECURITY NUMBER	5. SEX 6. AGE (#	n yrs. last birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTN (Month, Day, Year)		8. BIRTHPL Country)	ACE (State or Foreign
	218-14-3578	1 □ M 2 □XF 8	3 YRS.	MONTHS DAYS	HOURS MIN.	Dec.14,1	907		ryland
	9a. FACILITY NAME (If not institution, give street		-	9b. CITY, TOWN	OR LOCATION OF E			TY OF DEA	
FUNERAL DIRECTOR	Anne Arundel Me	dical Cen	ter	An	napoli	S	Ann	e Ar	undel
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION			-10	0d. INSIDE CITY
	Maryland Anne	Arundel		Annapo	lis			1	XYES 2 NO
AL	10e. STREET AND NUMBER	-220			. ZIP CODE		10g. CITIZ	EN OF WH	AT COUNTRY?
ER	112 Archwood Ar	venue			2140	1	τ	S.S.A	1.
S	11. MARITAL STATUS	12. WAS DECEDENT EVER IN				ANIC ORIGIN? (Specify Yes	or No-	14. RACE -	- American Indian, White, atc.
BY F	1 Never Married 2 Married 3 Widowed 4 Divorced	FORCES? 1 YES			2 NO Spec	cen, Puerto Ricen, atc.) //y:		Specify: Whit	The same of the sa
ED	IS. DECEDENT'S EDUCA		18a. DECEDENT'S	USUAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/IND		
ET	(Specify only highest grade co	College (1-4 or 5+)	life. Do NOT u	work done during mo se retired.)	ist or working				
딥	12		Bookk	eeper		Newspa	per		
COMPLETED	17. FATHER'S NAME (First, Middle, Last)				18. MOTHER'S N	IAME (First, Middle, Maiden	Sumame)		
BE C	Thomas J. Cole	, Sr.			Ell	en J. Qui	nn		
	19a. INFORMANT'S NAME (Type/Print)		19b. MAILING	AODRESS (Street	and Number or Rura	I Route Number, City or Tow	n, State, Zip	Code)	
5	Clara A. Cole		112	Archwoo	d Aven	ue, Annap	olis	, MI	21401
	20e. METHOD OF DISPOSITION 1 XBurlel 2 Cremation 3 Remove		PLACE OF DISPO	SITION (Name of ce	metery, crematory or	20c. LO	CATION C	City or Town	n, State
	4 Donation 5 Other (Specify)	S		v's Cen			napo	lis	MD
	21. SIGNATURE OF FUNERAL SERVICE LICES	MEE / 1	1		ND ADDRESS OF F		7	0.7	1.407
- 8	Propert A.	Jaylo	1			ral Chape			1401
	23. PART i. Enter the diseases, or co								Approximata
	ahock, or heart failure. Lie IMMEDIATE CAUSE (Final disease or condition			+1	f. 1.	0.	. /	1.	Interval Between Onset and Death
	resulting in death)	Hypertous	CONSEQUENCE O	riverus	clerotu	c androva	scular	racs	Years
z									,
CERTIFICATION	Sequentially list conditions, if any, leading to immediate	DUE TO (OR AS A	CONSEQUENCE O	F):					
S	cause. Entar UNDERLYING CAUSE (Disaase or Injury			/_					ļ
E	that initiated events resulting in death) LAST	DUE TO (OR AS A	CONSEQUENCE O	F):					
H	d.								
	PART II. Other significant conditions	contributing to death be	ut not reaulting	In the underlying	g causa given i	n Part I. 24a. WAS AN			WERE AUTOPSY FINDINGS
DICAL	Atrial fibrilla	tion, left	hemip	wesis		1 TYES 2		0	COMPLETION OF CAUSE OF DEATH?
MEC	,						1		YES 2 NO
X	25. WAS CASE REFERRED TO MEDICAL			28. P	LACE OF DEATN (Check only one)			
PHYSICIAN:		HOSPITAL: 1 Inputient 2 ER/Outp	atient 3 🗆 DOA	OTHER: 4 Nursing Nor	ne 5 🗆 Residence	8 Other (Specify)			
Ť	27. MANNER OF DEATH	28a. DATE OF INJURY (Month, Day, Year)	28b. TIR		JURY AT ORK?	28d. DESCRIBE HOW	INJURY OCC	CURED	
ВУ	1 Naturel 5 Pending 2 Accident Investigation	(into init, bay, roar)			YES 2 NO				
	3 Suicide 8 Could not be	28e. PLACE OF INJURY building, etc. (Spec	— Al home, ferm,	atreat, factory, offi	ce	281. LOCATION (Street City or Town, State)	and Number	or Rural Roi	ute Number,
IE	4 Nomicide determined								
7	29a. CERTIFIER 1 CERTIFYING PHYSICI	IAN: To the best of my know	ledge, death occur	red at the time, dat	a and place, and d	us to the cause(s) and me	nner as stat	ed.	
COMPLETED	anal	On the basis of examination	n and/or investigati	on, in my opinion,	death occured at II	he Ilme, data and placa, ar	nd due to th	a Cause(a) :	and menner as stated.
	29b. SIGNATURE AND TITLE OF CERTIFIER	1 1 X			29c. LICENSE N	UMBER	29d, DATI	E SIGNED (Month, Day, Year)
BE	Chamber W	Kruza			DO	5928	 	mo I	2,1991
5	30. NAME AND ADDRESS OF PERSON WHO	COMPLETED CAUSE OF DE	ATN (ITEM 27) (Type			,	1	10	1
	Charles W.	Kinzer	MD	18331	+ Fore	st Drive	Anı	napo	is, MD
	JUN 1 1 1991 July	a Davidson-Rong						1	

IMPORTANT: If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

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0, BALTIMORE, MARYLAND 21215-0020	OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 mours after death. Page 6 may be retained by the hospital or attending physician.	OIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Presented with the State Dent, of Health and Mental Hydene prior to burial, cremation, or removal.
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ō	s that 1	ned by
RECOI	requires that 1	een signed by of Health and
TAL RECOI	The law requires that 1	e has been signed by te Dept. of Health and
VITAL RECOI	CIAN: The law requires that 1	artificate has been signed by the State Dept. of Health and
OF VITAL RECOI	PHYSICIAN: The law requires that 1	this certificate has been signed by with the State Dept. of Health and
ION OF VITAL RECOI	IDING PHYSICIAN: The law requires that I	: After this certificate has been signed by death with the State Dept. of Health and
DIVISION OF VITAL RECORDS, P.O. BOX 68760,	ATTENDING PHYSICIAN: The law requires that I	DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the formura after death with the State Dent, of Health and Mental Hygiene polor to burial, cremation, or removal.

After this certificate I death with the State

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1. DECEDENT'S NAME (First, Middle, Last) 2. DATE OF DEATH 3. TIME OF DEATH MONTH 06 ILA MARIE COLLINS 20 1991 15:30 4. SOCIAL SECURITY NUMBER 5. SEX 6. AGE (In yrs. last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH 8. BIRTHPLACE (State or Foreign 536-03-3776 DAYS HOURS 1 M 2 YRS 4/14/13 TX 9s. FACILITY NAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH SACRED HEART HOSPITAL DIRECTOR CUMBERLAND, MARYLAND ALLEGANY RESIDENCE OF DECEDENT 10b. COUNTY 10c. CITY, TOWN OR LOCATION 10a. STATE 10d, INSIDE CITY LIMITS? 1 X YES 2 | NO Allegany Frostburg MD FUNERAL 10e, STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? 21532 100 Honevsuckle LN USA 14. RACE — American Indian, Black, White, etc. Specify: White 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify Yes or No-FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 NO If yes, specify Cuban, Maxican, Puarto Rican, etc.)

1 YES 2 NO Specify: 1 Never Married 2 Married BY 3XXWIdowed 4 Divorced COMPLETED 16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) 15. DECEDENT'S EDUCATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade compl Elementary/Secondary (0-12) College (1-4 or 5+) Machine Operator Eye Glass Co. be notified at once. 17. FATHER'S NAME (First, Middle, Last) 18. MOTHER'S NAME (First, Middle, Maiden Surname) Belva May (Burkhart) D. Groves BE 19a. INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 2 Collins Doris St., LaVale, MD 21502 209 METHOD OF DISPOSITION
1/L/Burial 2 Cremation 3 Re 20h PLACE AND DATE OF DISPOSITION (Name DATE | 20c. LOCATION - City or Town, State examiner must 4 Donation 5 Other (Specify) RestLawn Mem. Gars. 6/24/91 LaVale, MD 21. SIGNATURE OF FUNERAL SERVICE LICE 22. NAME AND ADDRESS OF FACILITY Kight Funeral Home 21502 · William 309-311 Decatur St., Cumberland, MD medical Approximata 23. PART I. Enter the diseases, or complicati ns that caused the death. Do not antar tha moda of dying, auch as cardiac or respiratory arrest, shock, or heert failure. List only one cause on each line. Interval Between **Onset and Death** IMMEDIATE CAUSE (Final the diseese or condition reaulting in death) event. traumatic CERTIFICATION Sequentially list conditions, If any, leading to immediate e. Enter UNDERLYING CAUSE (Disease or Injury that Initiated events other t resulting in death) LAST 10 Injury, PART II. Other aignificant conditions contributing to in the underlying cause given in Part i. 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO 24a. WAS AN AUTOPSY MEDICAL any COMPLETION OF CAUSE 1 TYES 2 NO OF DEATH? shows 1 | YES 2 | NO PHYSICIAN: Dept 23 25. WAS CASE REFERRED TO MEDICAL EXAMINER?

1 YES 2 NO 26. PLACE OF DEATH (Check only one) Item HOSPITAL: OTHER: tlant 2 - ER/Outpatient 3 - DOA 4 - Nursing Home 5 - Rasidence S - Other (Specify) 6 27. MANNER OF DEATH 28a. DATE OF INJURY (Month, Day, Year) 2Sc. INJURY AT WORK? 28d, DESCRIBE HOW INJURY OCCURED 28b. TIME OF marked, Natural 5 Pending 1 YES 2 NO BY 2 Accident 28e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide E FUNERAL DIRECTOR: AI within 72 hours after de RTANT: If Item 28 Is 1 6 Could not be detarmined -COMPLETED 4 Homicide 1 CERTIFYING PHYSICIAN: To the bast of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated. TO THE FUNERAL TO THE FUNERAL DE filed within 72 h tigation, in my opinion, death occured at the time, date and place, and due to the cause(a) and menner as stated. 290, MONATURE AND TITLE OF CERTIF 29d. DATE SIGNED (Month, Day, Year)

FUME 22 (9 29c. LICENSE NUMBER BE 2 LETED CAUSE OF DEATH (ITEM 27) (Type, Print) CHANG OH, M.D. TERN TERRACE 48 FROSTBURG, MD 21532 32 BERISTRAR'S ACHINERS

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	BE COMPLETED BY FUNERAL DIRECTOR
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STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1. DECEDENT'S NAME (First, Middle, Last,	LILLIA	K.	CARI	ER	2. DATE OF DEATH MONTH June 22	AY 1991 YEAR	3. TIME OF DEATH 07:40 a		
4. SOCIAL SECURITY NUMBER 215~12-2031	5. SEX 6. A	GE (In yrs. lest birthday) 8 YRS.	IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 11-12-19;	a. BIR Cou	THPLACE (State or Foreign intry)		
9e. FACILITY NAME (If not institution, give Memorial H				mberland	EATH	9c. COUNTY OF			
RESIDENCE OF DECEDENT 10e. STATE 10b. COUN			, TOWN OR LOCAT	ION			10d. INSIDE CITY LIMITS?		
WV Minera 10a. STREET AND NUMBER Route 1 Box 132	<u>11</u>	[RIag		. ZIP CODE 5753		11191	1 YES XX NO		
11. MARITAL STATUS 1 Never Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVI FORCES? 1 1 Y IF YES, GIVE WAR O		13. WAS DEC	ENDENT OF HISPAI	n, Puerto Ricen, etc.)	USA DRIGIN? (Specify Yes or No— 14. RACE — Bleck, N Specify: Wh: 16b. KIND OF BUSINESS/INDUSTRY OWN home			
15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 12		18a. DECEDENT'S I (Give kind of w life. Do NOT use housew	ork done during mo retired.)	DN st of working					
17. FATHER'S NAME (First, Middle, Last) John E Hare					ME (First, Middle, Meider Barger	n Surname)			
19a. INFORMANT'S NAME (Type/Print) Mr. Calvin M. C	arder				Ploute Number, City or Tov				
1. METHOD OF DISPOSITION 1. Burlel 2. Cremetton 3 Re 4 Donation 5 Other (Specify)	moval from State	206. PLACE AND DATE ROSECTION	of disposition Funeral	(Name Chapel		cation - city or tinsburg			
21. SIGNATURE OF FUNERAL SERVICE I	JCENSEE ACCOUNT	0,11		erland, N	duty neral Home 1D 21502				
Sequentielly list conditions, If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in death) LAST	b. DUE TO (OR	AS A CONSEQUENCE OF AS A CONSEQUENCE OF MALLEY AS A CONSEQUENCE OF	ESI	RD.					
PART II. Other aignificent condition	ona contributing to dea	th but not resulting l	n the underlyin	g ceuse given in	Part I. 24a. WAS AI PERFO	PRMED?	24b. WERE AUTOPSY FINDIN AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:	Oulpatient 3 □ DOA	OTHER:	ACE OF DEATH (C)	6 Other (Specify)				
27. MANNER OF DEATH 1 Netural 5 Pending Investigation	28a. DATE OF INJU	IRY 28b. TIM	E OF 28c. IN.	JURY AT DRK? YES 2 NO	28d. DESCRIBE HOW	INJURY OCCURED)		
2 Accident investigation 3 Suicide 6 Could not b 4 Homicide determined	28s. PLACE OF IN.	JURY — Al home, farm, a (Specify)	treet, factory, offic	•	28f. LOCATION (Street City or Town, State	t end Number or Rur e)	ral Route Number,		
cool only	SICIAN: To the best of my I						se(s) and manner as stated		
29b. SIGNATURE AND TITLE OF CERTIF				29c. LICENSE NU Ď 315	MBER		ED (Month, Gey, Year)		
30. NAME AND ADDRESS OF PERSON TO	VHO COMPLETED CAUSE O	F DEATH (ITEM 27) (Type,	Print)	29c. LICENSE NU Ď 315	MBER 579		ED (Month, Day, Year)		

BALTIMORE, MARYLAND 21215-0020

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		it, Pages 1, 2, 3 should	
LAND 21203-3146	er death. Page 6 may be retained by the hospital or attending physician.	the tuneral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 should	
BALTIMORE, MARYLAND 21203-3146	r death Page 6 may be retained b	the funeral director, page 5 should 1 val.	the state of the s

after death Page 6 may

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HOSPITAL OR ATTENDING PHYSICIAN: The

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the hospital or attending phy detached for use as the bur once. 2 To notified director, page 5 should 90 must examiner funeral (removal medicai filled in by the cremation, completely event. burial, traumatic and 2 attending physician a other 10 signed by the atter Health and Mental injury. any Shows L. of H Dept. 23 l'em certificate h 6 marked, with this After 1 death DIRECTOR: A hours after d 69 28 item FUNERAL within 72 h = IMPORTANT: 불물 223

REG. NO 2. DATE OF DEATH 1. DECEDENT'S NAME (Flort, Middle, La. 3. TIME OF DEATH AUDE UNP 5. SEX A SOCIAL SECURITY NUMBER 6. AGE (In yrs. last birthday) # UNDER 1 YEAR 7. DATE OF BIRTH (Month, Day, Yea IF UNDER 24 HRS. 8. BIRTHPLACE (State or Foreign Country) DAYS HOURS 1 M 2 F 212-40-3763 June 8.1 895 England Re. FACILITY NAME (If not institution, give street and number 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH DIRECTOR Meridian Nursing Severna Park Anne Arundel 10c. CITY, TOWN OR LOCATION 10a, STATE 10d, INSIDE CITY Maryland Anne Arundel 1 YES 2 1 NO Arnold FUNERAL 10e. STREET AND NUMBER 10f. ZIP CODE 10g. CITIZEN OF WHAT COUNTRY? Arnold Road U.S.A. 21012 11. MARITAL STATUS 13. WAS DECENDENT OF NISPANIC ORIGIN? (Specify Yee or Noif yes, specify Cubert, Mexican, Puerto Rican, atc.)

1 YES 2 NO Specify: 12. WAS DECEDENT EVER IN U.S. ARMED 14. RACE — American Indian, Black, White, stc. FORCES? 1 YES 2
IF YES, GIVE WAR OR DATES 2 XNO 1 Never Merried 2 Married Specify: BY 3 Widowed 4 Divorced White COMPLETED 15. DECEDENT'S EDUCATION 16s. DECEDENT'S USUAL OCCUPATION 16b. KIND OF BUSINESS/INDUSTRY (Specify only highest grade comple during most of working (Give kind of work done life. Do NOT use retired.) Elementary/Secondery (0-12) College (1-4 or 5+) 12 Homemaker Home 17. FATNER'S NAME (First, Middle, Last) 16. MOTNER'S NAME (First, Middle, Maiden Surname) Edward Marriott Emily Jones 19e, INFORMANT'S NAME (Type/Print) 19b. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zio Code) 2 Claude Arnold Road, Maryland Arnold 20e. METHOD OF DISPOSITION
1 Burlai 2 Cremetion 20b. PLACE OF DISPOSITION (Name of cemetery, crematory or 20c. LOCATION - City or Town, State 4 Donne #.0 Metropolitan Crematory 6/26 Alexandria, VA 22. NAME AND ADDRESS OF FACILITY Taylor Funeral Chapel 21401 2 147 Gloucester St. Annapolis MD seeses, or compile tions that caused the death. Do not anter the mode of dying, such as cardiec or respiratory arrest, neart follure. List only one cause on each line. Approximsta Interval Between Onset and Death IMMEDIATE CAUSE (Final arrhywThia disease or condition robable Im ma reaulting in death) DUE TO (OR AS A CONSEQUENCE OF) Coronary CERTIFICATION Sequentially list conditions, OUE TO OR AS A CONSEQUENCE OF If any, leading to immediate ceuse. Enter UNDERLYING herosc CAUSE (Disease or Injury DUE TO (OR AS A CONSEQUENCE OF) that initiated events resulting in death) LAST PART II. Other algoliticant conditions contributing to death but not resulting in the underlying cause given in Part I. 24s. WAS AN AUTOPSY 24b. WERE AUTOPSY FINDINGS MEDICAL AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PERFORMED? 1 TYES 2 TNO Deat Neav 1 YES 2 NO PHYSICIAN: 25. WAS CASE REFERRED TO MEDICAL 26. PLACE OF OEATN (Check only one) EXAMINER? HOSPITAL . OTHER:
4 Nursing Name 5 Residence 6 Other (Specify) 1 Inpatient 2 ER/Outpatient 3 DOA 27. MANNER OS DEATN 28a. DATE OF INJURY (Month, Day, Year) 28b. TIME OF INJURY 28c. INJURY AT WORK? 28d. DESCRIBE NOW INJURY OCCURED 5 Pending Investigation 1 Natural 1 YES 2 NO BY 2 Accident 3 Sulcide 26e. PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 281. LOCATION (Street and Number or Rural Route Number, City or Town, State) 6 Could not be detarmined COMPLETED 4 Nomicida 29e. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, date end place, and due to the cause(e) end manner as stated. (Check only one) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(e) and menner as stated. BE 29c. LICENSE NUMBER 96 0 MPLETED CAUSE OF DEATH (ITEM 27) (Type, Print) 205

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TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 shou	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	一般の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の
THT OT	TH OF	be filed	
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9	1. DECEDENT'S NAME (First, Middle, Last, LaFie	Lafie	(Amn) Tre	Cantrell	2. DATE OF DEATH MONTH JUNG	DAY	3. TIME OF DEATH	
	4. SOCIAL SECURITY NUMBER 40 - 10 - 0979	1 2 M 2 □ F 8	E (In yrs. lest birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 HR MONTHS DAYS HOURS MIN	Mar. 10,	1906	8. BIRTHPLACE (State or Foreign Country) Virginia	
СТОВ	RESIDENCE OF DECEDENT	TIAL Hospi	tal	sh city, town or equation of Havre de E	r death (race	1.1	arford	
- DIRECT	-	Harford	33.5	TOWN OR LOCATION JEWOOD		10d. INSIDE CITY LIMITS? 1 YES 2 X NO		
VERAL	318 Regina Road			101. ZIP CODE 21040			USA	
BY FUNI	11. MARITAL STATUS 1 Never Married 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPE IF YES, GIVE WAR OF PEACETIME	ES 2 NO	13. WAS DECENDENT OF HIS If yes, specify Cuben, Me 1 YES 2 Y NO So	xicen, Puerto Rican, etc.)	Yee or No —	14. RACE — American Indien, Black, White, atc. Specify: White	
COMPLETED	15. DECEDENT'S ED (Specify only highest grade Elementary/Secondary (0-12)					nsport		
BE CON	17. FATHER'S NAME (First, Middle, Lest) James Milla:	rd Cantrel		Vian		Mulle		
2	190. INFORMANT'S NAME (Type/Print) 190. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) Harold F. Cantrell 318 Regina Road, Edgewood, Md. 21040							
	20a. METHOD OF DISPOSITION Buriel 2 Cremation 3 Removal from State Cremation 2 Cremation 3 Removal from State Cremation 3 Cremator or other place SpringLawn Cemetery 7-1-91 Williamsport, Ohio							
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE ACCURAGE (No. Company) 22. NAME AND ADDRESS OF FACILITY HOWARD K. McCompany III Funeral Home, P.A. 1317 Cokesbury Road, Abingdon, Md. 2100							
	THOUSEN	W. CON	120 17/	1317 Cokesb	ury Road,	Abingo	don, Md. 21009	
	23. PART i. Enter the disease, or shock, or heert fellure immEDIATE CAUSE (Finel disease or condition resulting in deeth)	e. Acul		1317 Cokesb	ury Road,	Abingo	est, Approximete interval Bety	
ERTIFICATION	shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition	e. DUE TO (OR A	e ech ilne.	1317 Cokesb of enter the mode of dying,	ury Road,	Abingo	est, Approximete interval Bety	
: MEDICAL C	shock, or heert fellure IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A	S A CONSEQUENCE OF	1317 Cokesb of enter the mode of dying, Lux help Lux h	Part I. 24e. WAS	Abingo	24b. WERE AUTOPSY FIND AMAILABLE PRIOR DE CALOF DEATH?	
AN: MEDICAL C	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER?	e. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. Ons contributing to desti	S A CONSEQUENCE OF S A CONSEQUENCE OF the but not resulting in	1317 Cokesb ot enter the mode of dying, it is the underlying ceuse gives 26. PLACE OF DEATH OTHER:	Poad, such as cerdiec or results of the Control of	Abingo	Approximate interval Betwoen and D 24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH?	
BY PHYSICIAN: MEDICAL CERTIFICATION	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL	e. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. Ons contributing to desti	S A CONSEQUENCE OF A CONSEQUENCE OF The but not resulting in Dutpetient 3 DOA RY 28b. Timinum	1317 Cokesb ot enter the mode of dying, other the mode of dying, little color of the color of	Poad, such as cerdiec or reconstruction of the control of the cont	Abingo	24b. WERE AUTOPSY FINDING TO COMPLETION DF CAU OF DEATH! 1 YES 2 NO	
TED BY PHYSICIAN: MEDICAL C	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition reaulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent conditions 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending	e. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A) d. DUE TO (OR A) 28e. DATE OF INJUI 28e. DATE OF INJUI 28e. PLACE OF INJUI 28e. PLACE OF INJUI	S A CONSEQUENCE OF S A CONSEQUEN	1317 Cokesb ot enter the mode of dying, other the mode of dying, little color of the color of	Poad, such as cerdiec or re That de la la la la la la la la la la la la la	Abingo	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION DF CAU OF DEATH? 1 YES 2 NO	
D BY PHYSICIAN: MEDICAL C	shock, or heert fellum IMMEDIATE CAUSE (Finel disease or condition resulting in deeth) Sequentielly list conditions, if sny, leeding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other significent condition 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO 27. MANNER OF DEATH 1 Ratural 5 Pending Investigation 3 Suicide 6 Could not be determined 29e. CERTIFIER (Check only) 1 CERTIFYING PHY	e. DUE TO (OR A b. DUE TO (OR A c. DUE TO (OR A d. DUE TO (OR A) HOSPITAL: 112 inpettent 2 ERVC (Month, Dey, Vec 28e. PLACE OF INJU building, stc. (8)	S A CONSEQUENCE OF S A CONSEQUEN	1317 Cokesb ot enter the mode of dying, other the mode of dying, little color of the color of	Poad, such as cerdiec or respectively. In Part I. 24e, WAS PER I YES I (Check only one) Ince 8 Other (Specify) 28d, DESCRIBE HO City or Rown, State of the cause(e) end	Abingo	24b. WERE AUTOPSY FIND AMAILABLE PRIOR TO COMPLETION OF CAU OF DEATH? 1 YES 2 NO CURED or Rural Route Number,	

2

30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Typo, Print)
Gregory N. Thompson, M. W. B&X 379,

32. REGISTRAR'S SIGNATURE (ha Davidson-Randall

_	_	1 - STATE STATE REGISTRAR	TATE OF MARYL		MENT OF H		MENTAL HYGIEN REG. NO.		71 1040
	,	1. DECEDENT'S NAME (First, Middle, Last)		se, Jr			2. DATE OF DEATH MONTH DATE 24	, 199	
)		217-34-1972	My 2 □ F 5	O YRS.	IF UNDER 1 YEAR WONTHS DAYS	HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 4-2-35		BIRTHPLACE (State or Foreign Country) Wash., D.C.
4	TOR	96. FACILITY NAME (If not institution, give street of 2850 Gullway	and number)		Ocean	City	ATH	9c. COUNTY Wor	cester
	DIRECTOR	10a. STATE 10b. COUNTY	ester	10c. CITY,	Ocean	5/01			10d. INSIDE CITY LIMITS? 1 YES 2 \(\square\) NO
	FUNERAL	10e. STREET AND NUMBER 2850 Gullway		·	10f.	ZIP CODE 21842		10g. CITIZEN	OF WHAT COUNTRY?
	BY FUN	1 Never Merried 24 Merried	WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2 NO	If yes, spe	ENDENT OF HISPAN city Cuban, Mexican 2 NO Specify	IIC ORIGIN? (Specify Yes n, Puerto Rican, etc.)	or No- 14.	RACE — American Indian, Black, White, etc. Specify: White
	COMPLETED	15. OECEDENT'S EDUCATION (Specify only highest grade complete the complete that the	oleted) bliege (1-4 or 5+)	16a. OECEDENT'S L (Give kind of we life. Do NOT use Fore	ork done during mos retired.)	ction			
once.	COM	17. FATHER'S NAME (First, Middle, Last)			18. MOTHER'S NAME (First, Middle, Maiden Surname)				
Ned at	BE	Rex: M. Case 19a, INFORMANT'S NAME (Type/Print)	ADDRESS (Street ar		V. Case Poute Number, City or Tow	n, State, Zip Co	rde)		
noti	2	Anne K. Case 2850 Gullway Ocean City, Md., 21842							
must b		20a. METHOD OF DISPOSITION 1 Burlal 2 Cremation 3 Removal from State 4 Donation 5 Agther (Specify) Cremation 5 Agther (Specify) Cremation 5 Agther (Specify) Cremation 5 Agther (Specify) Cremation 5							
examiner must be notified at once.		21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME AND ADDRESS OF FACILITY Ullrich Funeral Home Berli						erlin, Md	
other traumatic event, the medical	7	23. PADF I. Enter the diseases, or compands, or heart failure. List IMMEDIATE CAUSE (Finel disease or condition resulting in death)	EMPHYS	ach line.		de of dying, auc	h aa cardlac or reap	ratory arrest	Approximate interval Between Onset and Death
traumat	RTIFICATION	Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING							
5	ERTIFI	CAUSE (Disease or Injury that Initiated events resulting in death) LAST DUE TO (OR AS A CONSEQUENCE OF):							
hows any injury, MEDICAL CI	MEDICAL	PART II. Other significant conditions co	ontributing to deeth b	ut not resulting is	n the underlying	g cause given in	Part I. 24a. WAS AN PERFOI	RMED?	24b. WERE AUTOPSY FINDINGS ANALABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
Item 23	CIAN:	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	OSPITAL:		26. PL	ACE OF DEATH (Ch	eck only one)		
0	IYSICI		Inputient 2 ER/Outp		4 - Nursing Hom		8 Other (Specify)		
marked,	ВУ РНУ	1 Netural 5 Pending 2 Accident Investigation	(Month, Day, Year)				28d. DEŞCRIBE HOW INJURY OCCURED		
28 18	ETED E	3 Suicide 8 Could not be determined	26e. PLACE OF INJURY building, etc. (Spec					and Number or)	Rural Route Number,
VT: If Item	OMPL	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMINER: O	-			-			cause(a) end menner se statad.
ORTANT: II	BE C	296. SIGNATURE AND TITLE OF CERTIFIER				29c. LICENSE NUI	MBER	29d. DATE S	IIGNED (Month, Day, Year)

DHMH-16 Rev 1/89

PGH Station, Salisbury, MO 21801

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5	IAM.
OF	DIAVEIG
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	OD ATTENDIAL DUVELLIAM. The law requires that the death certificate he executed within
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	FOR STATE REGISTRAR		STATE OF I		D / DEPAR					MENTA	L HYGIEN	-	91	1848	35
	1. OECEDENT'S NAME (First	, Middle, Last)				- "				2. DATE	E OF DEATH	MY	YEAR	3. TIME OF DEATH	
	HONORA	AH D	ONLIN								E 20.		TEAR	5:30	Ам
	4. SOCIAL SECURITY NUME	BER	5. SEX	6. AGE (In yrs	. last birthday)	IF UNDER 1		IF UNDE			OF BIRTH		8. BIRTI	HPLACE (State or Fore	ign
	052-24-730)3	1 🗆 M 2 🔀 F	96	YRS.	MONTHS	DAYS	HOURS	MIN.		15,18	95	4.00	YORK	
	9a. FACILITY NAME (If not in	stitution, give	street and number)			9b. CITY,	TOWN (OR LOCAT	ON OF D			_	NTY OF D	DEATH	
DIRECTOR	RANDOLPH HI		URSING HO	OME			WH:	EATO	N			MO	ONTGO	OMERY	
REC	10a. STATE	10b. COUNT	TY		10c, C/1	Y, TOWN OF	LOCAT	TION						10d. INSIDE CITY LIMITS?	
	MARYLAND		NTGOMERY			SILVE	R S	PRIN	G					1 TYES 2 N	. 0
A	10e. STREET AND NUMBER						101	. ZIP COD	E			10g. CIT	IZEN OF	WHAT COUNTRY?	
FUNERAL	1 VANTAGE H	HILL C	OURT						2090	6			USA	A	
5	11. MARITAL STATUS		12. WAS DECEDEN	TEVER IN U.S		13. W	AS DEC	ENDENT (OF HISPAI	NIC ORIGI	IN? (Specify Ye Rican, atc.)	a or No—	14. RACI Blec	E — American Indian k, Whita, atc.	i,
ВУ	1 Never Married 2 3 Wildowed 4 Divo			MAR OR DATES		1	YES	2) NO	Specif	y:	, , , , , , , , , , , , , , , , , , , ,		Spec	elfy:	
	28	EDENT'S EDI	I CATION	1 40-	DEGERATION		2412471	***		1			WHI	LE .	
COMPLETED	(Specify onl	ly highest grad	le completed)		(Give kind of life. Do NOT u	work done du	uring mo	ost of world	ng	16	b. KIND OF BU	JSINESS/IN	DUSTRY		
2	Elamentary/Secondary (0	0-12)	College (1-4 or 5												
ME	8 17. FATHER'S NAME (First, M	ficialia (pa))			SEAMST	RESS		40 1407	UED'D NA	ME /Final	Middle, Maidei	C			_
			T.									1 Surname)			
BE	THOMAS P.		.E		405 SAA II 184	ADDRESS	/Pan of a				HIGOE	C4-4- 7/	in Onela		
2	HONORAH AI		(DAMOUE	17D)											
			(DAUGH)		ACE OF OISPO					RMON		ACH FLORIDA 32074			_
	20g. METHOD OF DISPOSIT 1 N Burial 2 Crematic		moval from Stata	othe	er place)										MD
	4 □ Donestion 8 □ Other (Specify) □ GATE OF HEAVEN CEMETERY SILVER SPRING, MARY 21. SIGNATURE OF HEAVEN SPRING, MARY 22. NAME AND ADDRESS OF FACILITY								NG, FIART LA	MD					
	FRANCIS J. COLLINS FUNERAL HOME, IN								, INC.						
	Kar	25%	66											.,MD.2090)1
	23. PART I. Enter the dishock, or h IMMEDIATE CAUSE (Fit disesse or condition	esrt faifure	. List only one car	use on each	line.					ch as ca	rdisc or resp	olratory ar	rest,	Approximatinterval Bet Onset and	lween Desth
	resulting in death)	-	S. CAL	OF AS A COL	NSEQUENCE (4 7	Y_	417						12575	UT
_		_												URE	
CERTIFICATION	disease or condition as CARDED UNDER TAREST DUE TO (OR AS A CONSEQUENCE OF): Sequentisity list conditions, OUE TO (OR AS A CONSEQUENCE OF): UNDER TO (OR AS A CONSEQUENCE OF):														
AT	oause. Enter UNDERLYING MUSTI-INFANCET DENLYTIA SOURCE YRS														
Ē	cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events Out 1 - 1 NFALCT DEVLATIA SRUEL YES OUT 1 - 1 NFALCT DEVLATIA OUT 1 - 1 NFALCT DEVLATIA OUT 1 - 1 NFALCT DEVLATIA SRUEL YES OUT 1 - 1 NFALCT DEVLATIA OUT 1 -														
E	resulting in death) LAST														
2	DART II Oshan dariffin														
AL	PART II. Other significa	ent condition	ons contributing to	death but n	ot resulting	In the unc	derlyin	g causa	given in	Part I.	PERFORMEO? AVAILABLE			b. WERE AUTOPSY FIN AVAILABLE PRIOR T	0
PHYSICIAN: MEDICA				_							1 TYES	2 🗌 NO		OF DEATH?	WSE
M										_				1 YES 2 N	0
ä															
5	25. WAS CASE REFERRED T EXAMINER?	O MEDICAL	HOSPITAL:			OTHER		LACE OF	DEATH (C	heck only o	one)				
YS	1 YES 27 NO		1 inpatient 2			4 Nursi	ing Hon		asidenca		ner (Specify)				
	27. MANNER OF DEATH 1 Notural 8	Pending	28a. DATE Of (Month, I	Dey, Year)	28b, Til	VIE OF	W	JURY AT DRK?	7	28d. Di	EȘCRIBE HOW	INJURY OC	CURED		
ВУ	2 Accident	Investigation		OF IN HIEM			1 VES 2 NO actory, office 28f. LOCATION (Street and Number or Rural Route Number.								
ED	3 Suicide 8 4 Homicide	Could not be datarmined	building	OF INJURY — / I, etc. (Specify)	At Home, lain,	street, recto	ну, отп				y or Town, State		er or munit	Ploute Number,	
E															
APL	and and		SICIAN: To the best o												
COMPLETE	One) 2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion, death occured at the time, data and place, and due to the cause(a) and manner as stated									rted.					
BE C	296. SIGNATURE AND TITLE	E OF CERTIE	ER		2			29c. LIC	ENSE NU	MBER	1.01	29d. DA	TE SIGNE	D (Month, Day, Year)	
	Mat a sharel M.D. Dof944 > 6/21							419,							
10	30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)														
	MARTIN	C.	SHARC	ill				K	حان	المالمة	En 'Z	دران	-089	5	
	31, DATE FILEO MONTH, Day, 2	4 199	32. REGISTR	Davidson	- Pandel	2					,				

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13146,
ВОХ
P.O.
RECORDS,
VITAL
OF
DIVISION

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DIVISION OF VITAL RECORDS, P.O. BOX 13146, BALTIMORE, MARYLAND 21203-3146	TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 indus after death. Page 6 may be retained by the hospital or attending physician.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Page 1, 2, be filled within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.

STATE	0F		DEPARTMENT	-			MENTAL	HYGI	EN
		CE	ERTIFICATE	O	F DEAT	ГН		REG.	NO.

1	REGISTRAR		CERTIF	CATE C	F DEATH	REG. N	0.		
	JOSEPH R		DISTEFANO			2. DATE OF DEATH MONTH	DAY 17-	YEAR	3. TIME OF DEATH
	4. SOCIAL SECURITY NUMBER 270-10-4215	1 M 2 🗆 F	AGE (In yrs. lest birthday) Property of the second of the	IF UNDER 1 YE. MONTHS DAT	rs HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 5-10-	06	8. BIRTH Countr	
	Ba. FACILITY NAME (If not institution, give RANDOLPH HILL RESIDENCE OF DECEDENT	street and number) S NURSING H	ЮМЕ	96. CITY, TOY WHEAT	ON	EATH		TGOMI	
	10a. STATE 10b. COUN	NTGOMERY		Y, TOWN OR LO	SPRING				10d. INSIDE CITY LIMITS? 1 YES 2 NO
- 11-	100. STREET AND NUMBER 3106 ADDERLEY	COURT	1 01	LVLK	101. ZIP CODE 20906		10g, Cl	TIZEN OF V	WHAT COUNTRY?
	11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EV FORCES? 1 IF YES, GIVE WAR	YES 2 NO	If yes	DECENDENT OF HISPA I, apocify Cuban, Maxic YES 2 ND Speci	an, Puerto Rican, etc.)	Yes or No-	14. RACI	E — American Indian, k, White, etc.
	15. DECEDENT'S ED (Specify only highest grad Elementary/Secondary (0-12) 8 17. FATHER'S NAME (First, Middle, Last)	UCATION le completed) College (1-4 or 5+)	life. Do NOT us	work done during se retired.)	REPRESENTA		MINE RICA	WORLDIST!	KERS OF RICT #50
	LOUIS 19e. INFORMANT'S NAME (Type/Print)	Disterano	19b. MAILING	AOORESS (Str	BENNAD eet and Number or Rural			YAMOI Eip Code)	RONI
	ANGELA DISTEFANO	(1122)	20b. PLACE OF DISPOS		Y COURT.		RING.		YLAND 20906 own, State
L	19/ Burlel 2 Cremation 3 Re 1 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE I		GATE OF H	FRAN	CANSADDRESS OF	CLINS FUN	ERAL	HOME,	ING, MARYLAN, INC. SP., MD 2090
	23. PART I. Enter the disesses, or abock, or heart failure immediate CAUSE (Final disesse or condition resulting in death) Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disesse or injury that initiated events resulting in death) LAST	b. DUE TO (OR		F):	liseine				Approximate interval Between Onset and Death 4 Day
	PART II. Other eignificant condition	ons/contributing to de	but not resulting	in the under	iying cause given in	PERI	AN AUTOPS' FORMED?	Y 241	b. WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
	25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		OTHER:	8. PLACE OF DEATH (C				
	27. MANNER OF DEATH Natural 8 Pending	17. MANNER OF DEATH 1							
	2 Accident 3 Suicide 4 Homicide 6 Could not be determined 28a. PLACE DF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 28f. LOCATION (Street and Number or Rural Route Number, City or Town, State)							Route Number,	
	29a. CERTIFIER (Check only one) 2 MEDICAL EXAMI	SICIAN: To the best of my							(a) and manner as stated.
	200. OGNATURE AND TITLE OF CERTIF	Formi.	ne		29c. LICENSE NO	lof38/	29d. D	ATE SIGNE	O (Month, Day, Year)
	BENTAMIN A	VRUN IV	OF DEATWHITEM 27 (Type	Print) Pur	rice Phi	in Dr.	ane	b M	(2032
	JUN 19 199	12. DEGISTRABLE	SIGNATURE Handel	٤.		1	1		

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TO THE HOSPTAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2-mours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, be filed within 72 hours after death with the State Dept. of Health and Merital Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. mours after death. Page 6 may be retained by the hospital or attending physician. BALTIMORE, MARYLAND 21203-3146

	FOR STATE	STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
40	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.

	1 - STATE REGISTRAR	ALE UF MARYLAND /		ICATE OF	DEATH	MENIAL	REG. NO					
	1. DECEDENT'S NAME (First, Middle, Last)						OF DEATH			TIME OF DEATH		
	LARRY WESLEY	DIXON				Jun			991	1:10 A M		
	4. SOCIAL SECURITY NUMBER 5, SE	6. AGE (In yrs. les	st birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE	OF BIRTH		S. BIRTNPL	ACE (State or Foreign		
	579-72-9370 1-	M 2 □ F 36	YRS.	MONTHS DAYS	HOURS MIN.	7 -	6- 19	154	Wash	ington DC		
	Se. FACILITY NAME (If not institution, give street en			9b. CITY, TOWN	OR LOCATION OF							
FUNERAL DIRECTOR	Washington Adven	tist Hospital		Takor	akoma Montgomery							
EC	10e. STATE 10b. COUNTY		10c. CIT	Y, TOWN OR LOCA	TION				10	id. INSIDE CITY		
E	Md. Montg	omery		Takoma					1,	LIMITS? YES 2 NO		
AL	10e. STREET AND NUMBER			10	. ZIP CODE	10		10g. CITI	ZEN OF WHA	AT COUNTRY?		
EB	7777 Maple Avenue 20912 U. S. 11. MARITAL STATUS 12. WAS DECEDENT EVER IN U.S. ARMED 13. WAS DECEMBENT OF NISPANIC ORIGIN? (Specify Yee or No.— 14. RACE —											
3	11. MARITAL STATUS 1 Never Married 2 X Merried	AS DECEDENT EVER IN U.S. AR ORCES? 1 TYES 2	NO		ENDENT OF NISP ecity Cuben, Mexi			or No		American Indian, Vhite, etc.		
BY	3 Wildowed 4 Divorced	YES, GIVE WAR OR DATES		1 TYES	2 TNO Spe	city:			Specify:	Black		
	15. DECEDENT'S EDUCATION	16a, Df	ECEDENT'S	USUAL OCCUPATI	ON	186.	. KIND OF BU	SINESS/INC	USTRY	DIACK		
15. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementerry/Secondary (0-12) 11 15a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Maintenance Worker Private Industry 15a. Mother's NAME (First, Middle, Last) Ralph Dixon Payrian Private Industry 15a. Mother's NAME (First, Middle, Maiden Amaden Amenter) Namion Dixon Andow												
11 Maintenance Worker Private Industry									21/			
O	17. FATNER'S NAME (First, Middle, Last)				18. MOTNER'S		Middle, Maiden	Surneme)				
BE C	Ralph Dixon				Mar	ion	Di	xon	(And	derson)		
10	19e. INFORMANT'S NAME (Type/Print)	19	b. MAILING	ADDRESS (Street	and Number or Run	al Route Numb	ber, City or Tow	m, State, Zip	Code)			
F	Diane Dixon		7777	Maple A	venue.	Takoma	a Park	Md	2091	2 .		
	20a, METHOO OF DISPOSITION 1 Burlel 2 Cremation 3 Removal fr	om State 20b. PLACE	OF DISPO	SITION (Name of co	metery, cremetory o	*	20c. LC	CATION -	City or Town	, State		
	4 Donetion 5 Other (Specify)	Lee'	s Cr	ematory			Wa	shin	gton,	D. C.		
	21. SIGNATURE OF FUNERAL SERVICE LICENSEE 22. NAME N NOTTO CO. Morticians, Inc.											
	Don. Hora			600	Kennedy	Stree	et, N.	W.				
ATION	23. PART I. Enter the diseases, or complications that caused the death. Do not anter the mode of dying, such as cerdiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Finel disease or condition resulting in death) Respiratory Failure Due TO (OR AS A CONSEQUENCE OF): B. End stage COPD with corpulmonale Due TO (OR AS A CONSEQUENCE OF):											
CERTIFICATION	cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events resulting in desth) LAST											
B	d											
AL	PART II. Other significant conditions con	tributing to dasth but not	resuiting	in the underlying	g ceuse given	in Part I.	24a, WAS AF PERFO		A	PERE AUTOPSY FINDINGS WAILABLE PRIOR TO		
MEDICAL	- Cardiomyapathy w	ith poor ejec	tion	fractio	n		1 TYES	NO NO	-	OMPLETION OF CAUSE F DEATH?		
	Hyponatremia								1	☐ YES 2 NO		
AN	Drug abuse											
PHYSICIAN:	EXAMINER? HO	SPITAL:		OTHER:	LACE OF DEATN (
14S		Inpatient 2 - ER/Outpatient : 28e. DATE OF INJURY	28b. TIN		ne 5 🗆 Resident		SCRIBE HOW	IN RIPLY OF	CHIPED			
BY PI	1 🔀 Neturel 8 🗀 Pending 2 🗀 Accident investigation	(Month, Day, Year)		JURY W	ORK? YES 2 NO	28G. DE:	SCHIBE HOW	INJURY OC	CONED			
		28e. PLACE OF INJURY — At he building, etc. (Specify)	ome, farm,	atreet, factory, offi	00		ATION (Street or Town, State		or Rural Rou	ite Number,		
COMPLETED		To the best of my knowledge, d								and menner as stated.		
BE	296. SIGNATURE AND TITLE OF CERTIFIER	Mo	29c. LICENSE NUMBER D 20129 D 6/14/91									
2	30. NAME AND ADDRESS OF PERSON WHO COM A. Chacko M.D. 7				oma Davel	le AA _e l	2001					
-	31. DATE FILEO (Month, Day, Year)		. YC.	TJJU Idk	oma Par	K, Md.	. 2091	4				
		22. REGISTRAR'S SIGNATURE	Laby.									
17.			- 1		7					DHMH-18 Rev 1/80		

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S		5
bage		be
director,		er must
i: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be		is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at
n by the	removal	dical
P	6	Ĕ
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mpletely	стета	vent,
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2.3	-	800

1 • STATE REGISTRAR	STATE OF MARYLAND /		MENT OF H		MENTAL HYGIEN REG. NO.	E 9	1 18488
1. DECEDENT'S NAME (First, Middle, Leet)	DEH_FANG_PIC	320	u		2. DATE OF DEATH	31 q	an 3. TIME OF DEATH
The strength of the strength o	5. SEX 6. AGE (In yrs. les		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF BIRTH (Month, Day, Year) 10-3-189		BIRTHPLACE (State or Foreign Country) China
9e. FACILITY NAME (If not institution, give streem Holy Cross Hos				Sprin		9c. COUNTY MON!	OF DEATH GOMERY
RESIDENCE OF DECEDENT 10e. STATE 10b. COUNTY		10c. CITY,	TOWN OR LOCAT	TON			10d. INSIDE CITY
	ntgomery		Gaithe:			r	1 YES 2 NO
100. STREET AND NUMBER 219 Amberfield	Lane		10	20878			of what country?
11. MARITAL STATUS 1 Never Married 2 Married 3. Wildowed 4 Divorced	12. WAS DECEDENT EVER IN U.S. AF FORCES? 1 ☐ YES 2 ☑ IF YES, GIVE WAR OR DATES	AMED NO	13. WAS DEC	RACE — American Indian, Black, White, etc. Specify: Asian			
15. DECEDENT'S EDUC: (Specify only highest grade of Elementary/Secondary (0-12)	ompleted) (G	isual occupations during month done during month retired.)	et of working ed	16b. KIND OF BUS		TRY	
17. FATHER'S NAME (First, Middle, Last) Ru Yian Djou					ME (First, Middle, Meiden Zhen Xi		
19a. INFORMANT'S NAME (Type/Print) Ray Young Hwang		219 Z	Amberf	ield La	ne, Gait	n, State, Zip Coo hersb	w) 20878 urg, MD
20e, METHOD OF DISPOSITION 1 Burlel 2 12 Cremetion 3 Remote 4 Donation 5 Other (Specify)	mi from State of comoton	eromatone e	or olsposition of other place)				or Town, State
21. SIGNATURE OF FUNERAL SERVICE LICE		11/	22. NAME A	NDEN FU		ME, P	
disease or condition resulting in death) Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or Injury that initiated events	OUE TO (OR AS A CONSE	QUENCE OF):		sis vio	20(0)	2200
PART II. Other significant conditions		_	tha underlyin	g cause given in	Part i. 24a. WAS AN PERFOI	RMED?	24b, WERE AUTOPSY FINDIN AWAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:			LACE OF DEATH (C	heck only one)		<u> </u>
1 YES 2 NO	1 Inpatient 2 ER/Outpatient :			ne 5 🗆 Residence	8 Other (Specify) 28d. DESCRIBE HOW	IN HIEW COOKE	
1 Netural 5 Pending 2 Accident Investigation	(Month, Dey, Year)	INJU	URY W	DRK?	Fell		ne b
3 Suicide 8 Could not be 4 Homicide determined	25a. PLACE OF INJURY — At h building, etc. (Specify)		treet, factory, offi	0	City or lown, State,)	FIELD LN
and only	IAN: To the bast of my knowledge, d						ause(s) and manner as stated
29b. SIGNATURE AND TITLE OF CERTIFIER	en r	2	g). (29c, LICENSE NU	-115	29d. DATE 9	IGNED (Month, Day, Year)
30. NAME AND ADDRESS OF PERSON WHO		EM 27) (Type,		عةدج	525100	Ave	Per Thas
31. DATE FILED (Month, Day, Year)	32 REGISTRAN'S SIGNATURE	ndell.					

DHMH-18 Rev 1/89

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BALTIMORE, MARYLAND 21203-3146

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within the same of the float. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the bunal-transit permit. Pages filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burlal, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

DIVISION OF VITAL RECORDS, P.O. BOX 13146,

	REGISTRAR		CER		AIL OI	DEATH	MEG. NO.				
	1. DECEDENT'S NAME (First, Middle, Last) Norald	Agustus	Davis				2. DATE OF DEATH MONTH DA	⁵ 7	3. TIME OF DEATH 1991 1:23 P M		
	4. SOCIAL SECURITY NUMBER	5. SEX 1)\(\begin{array}{c} M 2 \sqrt{F} \end{array}	6. AGE (In yrs. lest birth		UNDER 1 YEAR	IF UNDER 24 HRS.	7. DATE OF BIRTH (Month, Day, Year)		8. BIRTHPLACE (State or Foreign Country)		
ł	212-14-7302		70 1				9-27-14	4			
œ	9a. FACILITY NAME (If not institution, give at	,		9t		OR LOCATION OF DE	ATH	9c. COUNTY OF DEATH Washington			
5	Reeders Memori				Boons			was			
DIRECTOR	MD. Washi	ington		lg _	DWN OR LOCA	TION			10d. INSIDE CITY LIMITS? 1 YES 2 NO		
FUNERAL	11574 Big Pool	l Road			1.00	21711			S.M.		
BY FUN	11. MARITAL STATUS 1 Never Merried 2 Married 3 Divorced	12. WAS DECEDEN FORCES? 1	T EVER IN U.S. ARMED YES 2 NO WAR OR DATES		If yes, st		IIC ORIGIN? (Specify Yee n, Puerto Rican, etc.) ::	or No-	14. RACE — American Indien, Black, White, atc. Specify: //hite		
	15. DECEDENT'S EDUC		16a. DECEDI	NT'S US	UAL OCCUPATI	ON	16b. KIND OF BUS	SINESS/INC	DUSTRY		
COMPLETED	(Specify only highest grade Elementary/Secondary (0-12)	+) life. Do I	ar work	,	ost or working	Farm					
₹ I	17. FATHER'S NAME (First, Middle, Last)					18 MOTHER'S NA	ME (First, Middle, Meiden	Sumama)			
BE C	Joseph Augus	tus Dav	is				S. Saund				
TO B	190. INFORMANT'S NAME (Type/Print) Robert Davis						Route Number, City or Tow Big Foo		Code) MD. 21711		
	20e. METHOD OF DISPOSITION 1 Burial 2 Cremetion 3 Reme	oval from State	20b. PLACE OF D	ISPOSITI	ON (Name of ce	metery, crematory or orial P	20c. LO	CATION —	City or Town, State		
	21. STONATURE OF PUMERAL SERVICE LIC	ENSEE	- 100000		22 NAME A	ND ADDRESS OF FA	Trompson .	Pune	eral Home, Inc		
	denno.	1./	ans		P.O.	Box 310	Clear S	prin	ig, IID.21722		
CERTIFICATION	23. PART i. Enter the diseasea, or complications that caused the deeth. Do not enter the mode of dying, such ea cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF):										
	DART II. Other significant condition	d	,	0-					10		
N: MEDICAL	PART II. Other algnificent condition	Contributing to	7-1		The underlying		PRIT I. 244, WAS AN PERFO!	S AN AUTOPSY REFORMED? 24b. WERE AUTOPSY FINDING AWAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO			
X	25. WAS CASE REFERRED TO MEDICAL EXAMINER?					LACE OF DEATH (Ch	eck only one)				
Sic	1 YES 2 NO	HOSPITAL:	☐ ER/Outpatient 3 ☐ I		THER:	me 8 🗆 Residence	8 Other (Specify)				
PHYSICIAN:	27. MANNER OF DEATH 1 Netural 5 Pending	28e. DATE O (Month,	F INJURY 26 Day, Year)	b. TIME (RY W	JURY AT ORK?	28d. DESCRIBE HOW	INJURY OC	CCURED		
BY	2 Accident Investigation 3 Suicide 8 Could not be	28e. PLACE	OF INJURY — At home,	farm, atre		YES 2 NO			er or Rural Route Number,		
E	4 Homicide determined	Danding	, etc. (Specify)			City or Town, State,	,				
COMPLETED	(Check only one) 29e. CERTIFIER (Check only one) 2 MEDICAL EXAMINE								nted. the cause(e) end manner ee stated.		
H	29b. SIGNATURE AND TITLE OF CERTIFIE	30	Ž1 -			29c. LICENSE NUI			TE SIGNED (Magth, Day, Year)		
10	30. NAME AND ADDRESS OF PERSON WH	O COMPLETED CAN	JSE OF DEATH (ITEM 27	(Type, Pr	rine	St. N	resister	m	120 21740		
30. NAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF GEATH (ITEM 27) (Typo, Print) TO BALVZADE D, MVD 240 Fredrick St. Angerstown 1 MD 21740 31. DATE FILED (Month, Any Yound 1 '91 32. REGISTRAR'S SIGNATURE. JULy 1901 1 '91 32. REGISTRAR'S SIGNATURE.											

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TO BE COMPLETED BY FUNERAL DIRECTO

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

William Robins 31. DATE FILED (Morith, Day, Year)

JUN 21 91

FOR STATE REGISTRAR	STATE OF MARYLA		MENT OF HEALTH AND	MENTAL HYGIEN REG. NO.	_	1 18490
1. DECEDENT'S NAME (First, Middle, Last)				2. DATE OF DEATN		3. TIME OF DEATN
HILDA MA	AE DAVIS			6 19		1 1:30 AM
4. SOCIAL SECURITY NUMBER		n yrs. last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS.	7. DATE OF BIRTH	8.	BIRTHPLACE (State or Foreign
219-74-4711 9a. FACILITY NAME (If not institution, give str		32 YRS.	ONTHS DAYS HOURS MIN.	(Month, Day, Year) 04-01-19	09	MARYLAND OF OEATH
SALISBURY NURSING	·		SALISBURY, MARY		WICO	
RESIDENCE OF DECEDENT 10e, STATE 10b, COUNTY		10c, CITY.	TOWN OR LOCATION			10d, INSIDE CITY
	COMICO	AF	LISBURY			LIMITS?
326 CArey AVenue			10f. ZIP CODE 2 180 1		10g. CITIZEI	U.S.A
11. MARITAL STATUS 1 Never Married 2 Married 3 Widowed 4 Divorced	12. WAS DECEDENT EVER IN FORCES? 1 YES IF YES, GIVE WAR OR DA	2. NO	13. WAS DECENDENT OF HISPA If yes, specify Cuben, Maxic 1 YES 2 NO Spec	an, Puerto Rican, etc.)	s or No 14	Black, White, atc. Specify: White
15. DECEDENT'S EDUC (Specify only highest grade of Elementary/Secondary (0-12) 12 years	ATION completed) College (1-4 or 5+)	Me. Do NOT use	rk done during most of working	16b. KIND OF BU	SINESS/INDUS	STRY
17. FATHER'S NAME (First, Middle, Last)				AME (First, Middle, Malden	THE PARTY OF THE P	
Robby (UNK) Phi	llips		Virg	gie F. Uit	hus	
19a. INFORMANT'S NAME (Type/Print) Alice Spencer			DORESS (Street and Number or Rura CArey Ave. Sali			
20e. METHOD OF DISPOSITION 6—1 M Buriet 2 Cremetion 3 Remo	val from State of c	PLACE AND DATE C	OF DISPOSITION (Name	DATE 20c, LO	CATION — CIT	y or Town, State
23. PART I. Enter the diseases, or conshock, or heart failure. L	omplications that clused lat only one cause or	the death. Do no not line.	Holloway Fu 501 Snow Hil t anter the mode of dying, su	1 Road Sal	isbury Iretory arres	t, MD 21801 Approximate Interval Between Onset and Desth
reaulting in death)	DUE TO (OR AS A	CONSEQUENCE OF):	unford			
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	Man	CONSEQUENCE OF):	1 Nordat	Tue		
PART II. Other significant conditions	s contributing to death b	ut not reaulting in	the underlying csuse given in	Pert I. 24s. WAS AN PERFO! 1 \(\text{YES} \) :	RMED?	24b. WERE AUTOPSY FINDINGS AMILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED TO MEDICAL EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (COTHER:	Check only one)		<u> </u>
1 YES 2 NO	1 Inpetient 2 I ER/Outp	etlant 3 DOA 4	Nursing Nome 6 - Realdence	_		
27. MANNER OF DEATN 1 Natural 5 Pending 2 Accident Investigation	28a. DATE OF INJURY (Month, Day, Year)	26b. TIME INJUI	OF 28c. INJURY AT WORK? M 1 YES 2 NO	28d. DEŞCRIBE NOW	INJURY OCCU	RED
3 Suicide 6 Could not be determined	28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, str	eet, factory, office	26f. LOCATION (Street City or Town, State	and Number or	Rural Route Number,
cool			at the time, data and place, and do			
29b. SIGNATURE AND TITLE OF CERTIFIER	Alph	1000	29c. LICENSE N	UMBER	29d. DATE :	SIGNED (Month, Day, Year)
						- 4 []

	FOR STATE REGISTRAR	STATE OF MARY		ENT OF HEALTH AND ATE OF DEATH	MENTAL HYGIENE REG. NO.	91 1049				
	1. DECEDENT'S NAME (First, Middle, L Earl	J. Di	rake		2. DATE OF GEATH DAY 24	year 1204 A				
	4. SOCIAL SECURITY NIMBER 370–18–3212 90. FACILITY NAME (If not in:	5. SEX 6. AGE	70 YRS. MONT	NOER 1 YEAR OF UNDER 24 HRS. HIS DAYS HOURS MIN. CITY, TOWN OR LOCATION OF	(Morth, Day, Year)	8. BIRTHPLACE (State or Foreign Country) New York TY OF DEATH				
стоя	0 11 44	orial Hospita	1	Frderick		edenick				
DIREC	10e. STATE 10b. COI	Howard	10c. CITY, TO	Mt. Airy		10d. INSIDE CITY LIMITS? 1 YES 2 X NO				
FUNERAL	17140 Freder	rick Road		101. ZIP CODE 217		10g. CITIZEN OF WHAT COUNTRY?				
ВУ	11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVER FORCES? 1 TYPES IF YES, GIVE WAR OR	2 NO	13. WAS OECENDENT OF HISP If yes, specify Cuben, Maxi- 1 YES 2 N.NO Speci	can, Puerto Rican, etc.)	14. RACE — American Indian, Black, White, etc. Specify: White				
ETED	15. DECEDENT'S (Specify only highest g Elementary/Secondary (0-12)		16a, DECEDENT'S USU/ (Give kind of work of life. Do NOT use reti	lone during most of working	16b. KIND OF BUSINESS/IND	USTRY				
COMPLETE		4	Manage	er	Plywood Dist	ribution Cent				
	17. FATHER'S NAME (First, Middle, Last Merl Edward				NAME (First, Middle, Maiden Surname) Evelyn Miller					
TO BE	19a. INFORMANT'S NAME (Type/Print)	Drate	19b. MAILING AOO		al Route Number, City or Town, State, Zip	Code)				
F	Mrs. Mary Roland		17140 F		Mt. Airy, MD 21					
	1 Donation 5 Other (Specify)	Removal from State	of cemetary, crematory or of Carroll Cre	her place) emations Serv	6-24 Hampstea	ad, MD				
	1 Buriel 2X Cremetion 3 Removed from State 4 Donation 5 Other (Specify) 21. SIGNATURE OF FUNERAL SERVICE LICENSEE Buan A Ababet 1 Buriel 2X Cremetion 3 Removed from State Of competary, cremetory of other place) Carroll Cremations Serv. 6-24 Hampstead, MD 22. NAME AND ADDRESS OF FACILITY Haight Funeral Home (P.O. Box 195)									
CERTIFICATION	Sequentielly list conditions, if eny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	DUE TO (OR AS DUE TO (OR AS C. MY 000	A CONSEQUENCE OF): A CONSEQUENCE OF): A CONSEQUENCE OF):	ary Arrest Shock farction						
MEDICAL	PART II. Other eignificant cond	itione contributing to death	but not resulting in th	a underlying ceuse given	In Part I. 24a. WAS AN AUTOPSY PERFORMED? 1 □ YES 2 ☑ NO	24b. WERE AUTOPSY FINDIN MAILABLE PRIOR TO COMPLETION OF CAUSI OF DEATH? 1 YES 2 NO				
PHYSICIAN:	25. WAS CASE REFERRED TO MEDICA EXAMINER?	HOSPITAL:		26. PLACE OF DEATH (1/21/2017					
BY PHYS	1 YES 2 NO 27. MANNER OF DEATH 1 Netural 5 Pending 2 Accident Investigat	1 Inpetient 2 S ER/Os 26s. DATE OF INJUR (Month, Day, Year,	Y 28b, TIME OF	28c. INJURY AT WORK? M 1 YES 2 NO	28d, DESCRIBE HOW INJURY OCC	CURED				
60	3 Suicide 6 Could no 4 Homicide determine	building, etc. (S)	RY — At home, farm, street peoffy)	, factory, office	26t. LOCATION (Street and Number or Rural Route Number, City or Town, State)					
COMPLET	one)				fue to the cause(s) end menner as stat the time, date and place, and due to th					
TO BE COI	29b. SIGNATURE AND TITLE OF CERT	MONEY MI		29c. LICENSE N		E SIGNED (Month, Day, Year)				
	Jeffrey L Fi	Ilmore, MD	Frederick.	Memorial Ho	uspital Frederic	k, MD				
	31. DATE FILED (Month, Day, Year) JUN 26 '91	32. REGISTRAR'S SH								

1, 2, 3

Pages 1

permit.

DIRECTOR

FUNERAL

BY

COMPLETED

BE

2

CERTIFICATION

BY PHYSICIAN: MEDICAL

COMPLETED

BE

2

C3

200

63

+ 643

3 Widowed

BALTIMORE, MARYLAND	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requirement the death certificate be executed within 24 mours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been started by We attending physician and completely filled in by the funeral director, page 5 should be detache be fled within 72 hours after death with the State Degt, of Heath and Mental Hydiene prior to burlal, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 24 shows any injury, or other traumatic event, the medical examiner must be notified at once.
NDS, P.O. BOX 13146,	at the death certificate be executed within 24	Where attending physician and completely fill and Merial Hygiene prior to burlal, cremation.	in Injury, or other traumatic event, the
DIVISION OF VITAL RECORDS, P.O. BOX 13146,	TENDING PHYSICIAN: The law requires	TOR; After this certificate has been signed after death with the State Degt. of Health	28 is marked, or Item 22 Shows an
000 20 000	TO THE HOSPITAL OR AI	TO THE FUNERAL DIRECTOR TO THE MINISTER THE MINISTER TO THE MI	IMPORTANT: If Item

FOR STATE REGISTRAR		STATE OF N	IARYL	AND / DEPAR CERTIF					MENTA	L HYGIEN		91	1	84	92
1. DECEOENT'S NAME (First,	, Middle, Last)								2. DATE	OF OEATH			3. TIME	OF OEATH	
VALIERE	E R.	DALE							06		1	91		6:15	in M
4. SOCIAL SECURITY NUMB	ER	5. SEX	6. AGE	(In yrs. last birthday)	IF UN	IF UNDER 1 YEAR IF UNDER 24 HRS. 7. DATE OF BIRTH						8. BIRTHPLACE (State or Foreign			
217 17 370	00	1 - M 2 0 F	10	YAS.	MONTH	Aug. 20, 1990 Mary 18							nd		
9a. FACILITY NAME (If not in	stitution, give st	treet and number)			9b. C	HTY, TOWN C	R LOCATIO	ON OF D	EATH		9c. COU	INTY OF C	EATH		
JOHNS HOPK		OSPITAL			B.	ALTIM	ORE	CITY			BA	LTIM	ORE		
RESIDENCE OF DEC	10b. COUNTY			40. 00	TOW.	N OR LOCAT	PON						404 (0)	SIOE CITY	-
							ION						1,8	MITS?	
Maryland	Wico	WIGO		DELE.	TSL	oury								ES 2 N	<u> </u>
100. STREET AND NUMBER							ZIP CODI					IZEN OF Y		UNTRY?	
308 Vine	Stre						5180				1	J.S.			
11. MARITAL STATUS 1 Never Married 2 3 Widowed 4 Divo		12. WAS OECEOEN' FORCES? 1 IF YES, GIVE W	YES	2 100	1	If yes, sp		an, Maxica	an, Puerto	i? (Specify Yea Rican, etc.)	or No-	Blac	E — Amerik, White,		9
15. DEC	EOENT'S EOU	CATION COMPLETE		16a. DECEDENT'S	USUA!	. OCCUPATIO	ON world	ing	16b	. KINO OF BU	SINESS/INC	OUSTRY			
Elamentary/Secondary (0		College (1-4 or 5 +	+)	life. Do NOT u	work done during most of working use retired.)										
5Grade				Schoo!	ol *										
17. FATHER'S NAME (First, M Walter J		Dale Jr	2.		18. MOTHER'S NAME (First, Middle, Melden Surname) Mildred R.M. Dale										
19a. INFORMANT'S NAME (1 Mildred. R	.M.Da									ber, City or Tow		-	301		
20a. METHOD OF OISPOSITI 2☐ Burial 2 ☐ Crematic 4 ☐ Donation 5 ☐ Other		oval from Stata	-	other place) OMe Ber	af.	Cem.				11/10/91	ekt			<u>.</u> 2186	4
21: GONATUSE OF FUHERA	L SERVICE LIC	CENGEE		/		22. NAME A	ND ADDRE	SS OF FA	ACILITY						
Dan	ne	2/8	1	ava	9	Sava	ge I	Home	e Ne	w Chu	urch	, V:	a.2	3415	0 4
23. PART I. Enter the di shock, or h IMMEDIATE CAUSE (Fir disease or condition resulting in death)	eart fallure.	a. Meta	57d	path line.						ma-			10	Approximatinterval Bet Onset and	tween
Sequentially itat condit if any, leading to imme- cause. Enter UNDERLY CAUSE (Disease or Inju- that initiated eventa resulting in death) LAS	ediata /ING ury	cOUE TO	(OR AS	A CONSEQUENCE O	OF):										
PART II. Other significa		na contributing to	8 4			bab	-/	given in	Part I.	24a. WAS AN PERFO	RMED?	24	AWAILA	AUTOPSY FIN BLE PRIOR TO ETION OF CA	0

PART II. Other anox

OF DEATH? 1 YES 2 NO

28. PLACE OF GEATH (Check only one)

25. WAS CASE REFERRED TO MEDICAL HOSPITAL:
1 Pinpatlant 2 PR/Outpatient 3 DOA OTHER:
4 Nursing Home 5 Residence 6 Other (Specify) 1 TES 2 TO NO 26a. OATE OF INJURY (Month, Day, Year) 26c. INJURY AT WORK?

1 YES 2 NO 27. MANNER OF CEATH 28d. OEŞCRIBE HOW INJURY OCCUREO 1 Natural 5 Pending investigation 2 Accident 26a. PLACE OF INJURY — At home, farm, street, factory, offica building, etc. (Specify) 261. LOCATION (Street and Number or Rural Route Number, City or Town, State) 3 Suicide 6 Could not be 4 Homicide

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge, death occurred at the time, data and place, and due to the cause(a) and manner as stated.

2 MEDICAL EXAMINER: On the basis of examination and/or investigation, in my opinion,

296. SIGNATURE AND TITLE OF CLUTTER

29c. LICENSE NUMBER

29d. DATE SIGNEO Month, Day, Your 21 06

HE AUSE OF CEATH (ITEM 27) (Type, Print) Barbara 31. DATE FILED (Month, Dev. Year)

25 '91 32. REGISTRAR'S SIGNATURE

Savidson-Randalle

	REGISTRAR		CERTIF	FICATE OF	DEATH	-	REG. NO.		
	1. OECEDENT'S NAME (First, Middle, Last	0				2. DATE MONTI	OF DEATH DAY	YEAR	3. TIME OF DEATH
	ELIZABETH 4. SOCIAL SECURITY NUMBER	6. SEX 6. AGE (In yrs. lest birthday)	OMINICK IF UNDER 1 YEAR	IF UNDER 24 HRS.	06	14 OF BIRTN	91	ITNPLACE (State or Fore
	213-26-0601	1 □ M 2 💢 F 7:		MONTHS DAYS	HOURS MIN.	(Monti	, Day, Year)	Cou	intry)
1	9a. FACILITY NAME (If not institution, give		3	9b. CITY, TOWN	OR LOCATION OF E		08-1918 9c.	COUNTY OF	NNSYLVANIA DEATH
H.	NORTH ARUNDEL H		TATTON		BURNTE			A A	
DIRECTOR	RESIDENCE OF DECEDENT							A_A	
E			10e, CI	TY, TOWN OR LOCA	ATION				10d, INSIDE CITY LIMITS?
	MARYLAND ANNE	ARUNDEL SEVERNA PA	DV		01. ZIP LUUE		RNA PARK		1 TYES 27 N
FUNERAL	623 Cypress Road	DEVENUA PA	KN		21	146			
3	11. MARITAL STATUS	12. WAS OCCUPATE EVEN I	N U.S. ARMED		CENDENT OF NISE			U S	ACE — American Indian ack, White, etc.
	1 Never Married 2 Married	FORCES? 1 YES			specify Cuban, Mexic S 2 X NO Spec		Rican, atc.)	100	eck, White, etc. ec/ly:
) BY	5√X Widowed 4 □ Divorced								ucasian
TED	15. DECEDENT'S ED (Specify only highest grad	de completed)	16a. DECEDENT'S (Give kind of life. Do NOT u	S USUAL OCCUPAT work done during n	TION nost of working	16b	. KIND OF BUSINES	S/INDUSTRY	
2	Elementary/Secondary (0-12)	College (1-4 or 8+)					- Pd	of E	duantion
COMPLET	17. FATHER'S NAME (First, Middle, Last)		Care	eteria E			A A BC . Middle, Maiden Surna		ducation
	Patsy Sassano				Arma				
) BE	19a. INFORMANT'S NAME (Type/Print)		19b. MAILIN	G ADDRESS (Street	and Number or Rura	l Route Num	ber, City or Town, Stat	te, Zip Code)	
2	Mr. Anthony F. D	ominick, Jr.	623	Cypress	Road Se	vern	a Park, l	Mary1	and 2114
	20a. METNOD OF OISPOSITION Durial 2 □ Cremation 3 □ Ra			TE OF OISPOSITIO		OAT			
	4 Donation 5 Other (Specify)			AVEN CEM	TERY AND ADDRESS OF F		GLEN	BURN	IE, MD
	23 PART I. Enter the disesses, o shock, or heart failure IMMEDIATE CAUSE (Finel	or complications that cause e. List pnly one cause on a	d the desth. Do sach line.				SEV	ERNA	95 RITCHII PARK MD Approxima Interval Be Onset and
	shock, or heart failure	e. List only one cause on a	each line.	not enter the m		ich se cen	SEV	ERNA	Approxima Interval Be
z	shock, or heart fellure immediate CAUSE (Finel disease or condition resulting in death)	e. List only one cause on a	ach line.	not enter the m	node of dying, su	ich se cen	SEV	ERNA	Approxima Interval Be
VION	shock, or heart fellum immediate cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate	a. Cerebro DUE TO (OR AS /	each line.	not enter the m	node of dying, su	ich se cen	SEV	ERNA	Approxima Interval Be
FICATION	shock, or heart fellum immediate cause. Enter UNDERLYING CAUSE (Disease or injury	e. List pnly pne cause on a Cerebro DUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE	of):	node of dying, su	ich se cen	SEV	ERNA	Approxima Interval Be
RTIFICATION	shock, or heart fellum immediate cause. Enter UNDERLYING	e. List pnly pne cause on a Cerebro DUE TO (OR AS A OUE TO (OR AS A	A CONSEQUENCE	of):	node of dying, su	ich se cen	SEV	ERNA	Approxima Interval Be
CERTIFIC	shock, or heart fellure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	e. List pnly pne cause on a . Cerebro DUE TO (OR AS // OUE TO (OR AS // C	A CONSEQUENCE O	of):	node of dying, su	at the second	SF.V.	y arrest,	PARK MD Approximatinterval Be Onset and 9 do.
CAL CERTIFICATION	shock, or heart fellum immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	e. List pnly pne cause on a . Cerebro DUE TO (OR AS // OUE TO (OR AS // C	A CONSEQUENCE O	of):	node of dying, su	at the second	SEV	y arrest,	PARK MD Approximatinterval Be Onset and 9 do.
CAL CERTIFIC	shock, or heart fellure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	e. List pnly pne cause on a . Cerebro DUE TO (OR AS // OUE TO (OR AS // C	A CONSEQUENCE O	of):	node of dying, su	at the second	SF.V. iliac or respirator	erna y arrest, y arrest,	Approximatinterval Be Onset and Onse
MEDICAL	shock, or heart fellure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	e. List pnly pne cause on a . Cerebro DUE TO (OR AS // OUE TO (OR AS // C	A CONSEQUENCE O	of):	node of dying, su	at the second	SF.V. ilec or respirator 24a. WAS AN AUTO PERFORMED	erna y arrest, y arrest,	PARK MD Approximatinterval Be Onset and Page 146. WERE AUTOPSY FIR AMILIABLE PRIOR TO COMPLETION OF
MEDICAL	shock, or heart fellure immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death)	e. List pnly pne cause on a . Cerebro DUE TO (OR AS // OUE TO (OR AS // C	A CONSEQUENCE O	OF): OF):	node of dying, su	n Part I.	SF.V. Ilsc or respirator 24a. WAS AN AUTO PERFORMED 1 YES 2 M	erna y arrest, y arrest,	Approximatinterval Be Onset and Onse
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BY PHYSICIAN: MEDICAL	shock, or heart feiture immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST PART II. Other algnificent conditions. If any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that intilated events resulting in death) LAST PART II. Other algnificent conditions. If yes 2 yes No. 25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 NO. 27. MANNER OF DEATN 1 Netural 5 Pending Investigations.	e. List pnly pne cause on a a. Cerebro DUE TO (OR AS // DUE TO (OR AS // C. DUE TO (OR AS // d. DUE TO (OR AS // d. Lions contributing to death by In partiant 2 ER/Out 28a. DATE OF INJURY (Month, Day, Your) 28a. PLACE OF INJURY building, etc. (Spe	A CONSEQUENCE OF A CONS	OF): OF):	PLACE OF DEATN (1) OPENS TO RESIDENCE NJURY AT WORK? YES 2 NO	n Part I. Check only o	24a. WAS AN AUTOPERFORMED 1 YES 2 MA	y arrest,	PARK MD Approxima Interval Be Onset and Onset
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PHYSICIAN: MEDICAL	shock, or heart feiture immediate Cause (Finel disease or condition resulting in death) Sequentielly list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST PART II. Other aignificent conditions in the condition of the condi	e. List pnly pne cause on a e	A CONSEQUENCE OF A CONS	OF): OF):	PLACE OF DEATN (Come 5 Residence NJURY AT WORK? YES 2 NO flice ate and place, and de, death occurred at the company of the c	n Part I. Check only one 8 Gother 28d. LOC City us to the ca	24a. WAS AN AUTO PERFORMED 1 YES 2 MA ATION (Street and Nor Town, State) Lation (Street and Nor Town, State) Lation (Street and Nor Town, State)	y arrest, parest, p	Approxima interval Be Onset and Onse

TO BE COMPLETED BY FUNERAL DIRECTOR

FOR

STATE OF MARYLAND / DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE REGISTRAR			C	ERTIF	ICATE C	F DEATH	1	RE	G. NO.			
1. OECEDENT'S NAME (First, Mi	ddle, Last)							2. DATE OF OE			4545	3. TIME OF DEATH
MA	YBELL	E J	1	ENSIN	GER			June 1	9.	1991	YEAR	6:30 A M
4. SOCIAL SECURITY NUMBER		5. SEX	6. AGE (In yrs. le		IF UNDER 1 YEA	AR IF UNDER 24	_	7. DATE OF BIF	TN			PLACE (State or Foreign
216-44-4229		1 M 2 TyF	76	YRS.	MONTHS DAY	rs HOURS	MIN.	Oct.		101/	Count	
9e. FACILITY NAME (If not institu	ution, give stre	et and number)	,,,		9b. CITY, TOV	VN OR LOCATION	OF OEAT		1,		NTY OF D	alifornia EATN
8201 - 16th		et			Silv			mery				
RESIDENCE OF DECE	DENT b. COUNTY	-		10c. CIT	ry, town on Lo	CATION						10d. INSIDE CITY
MD	Mon	tgomery										LIMITS?
10e, STREET AND NUMBER	11011	egomery		1 31	lver S	10f. ZIP CODE		-		10n. CIT	IZEN OF V	WHAT COUNTRY?
8201 - 16th	Stra	o.+					10					
11, MARITAL STATUS		12. WAS DECEDEN	IT EVER IN ILS. A	RMED	13 WAS	2091 DECEMBENT OF I		ORIGIN? (Sou	olfu Vaa	or No-	U.S	E — American Indian,
1 Never Merried 2 Me 3 Widowed 4 Divorce	YES 2 NAR OR DATES		If yes	yes 2 NO	Mexican,				Blac	White		
15. DECED (Specify only hi	ENT'S EDUCA		16e. D	ECEDENT'S	USUAL OCCUP	PATION g most of working		16b. KIND	OF BUS	INESS/ING	DUSTRY	
Elementary/Secondary (0-12	1	College (1-4 or 5	- 4	e. Do NOT u	ise retired.)	y most or working						
12			Co	mpto	meter	Operato	or	U	.S.	Gov	t _t .	
17. FATHER'S NAME (First, Midd	le, Last)					18. MOTNEI	R'S NAMI	E (First, Middle,	Maiden	Surneme)		
William John	nson					Mab	e1	H. Se	chro	der		
19e. INFORMANT'S NAME (Type	/Print)		1	9b. MAILING	G ADDRESS (Str	eet end Number or	r Rurai Ro	oute Number, Cit	y or Town	, State, Zip	p Code)	
Jean A. Le	ever			12513	3 Marie	Court,	. Si	lver S	pri	10. N	MD '	2090/
20e. METHOO OF DISPOSITION 1 Buriel 2 Cremation 4 Donetion 5 Other (Sc		ral from State	of cemetar	E ANO OAT	TE OF DISPOSIT	ION (Name			20c. LO	CATION —	City or To	own, State
21. SIGNATURE OF FUNERAL		NSEE	1100	COMIT	22. NAM	E AND ADDRESS	OF FACE	LITY			III A	VA
Danial.		18	1.1.			ph Gawl						D.C. 20016
23. PART I. Enter the dise shock, or hee IMMEDIATE CAUSE (Finel disease or condition resulting in death)	rt fallure. Li	st only one ce	use on each lir	16.		mode of dying					reat,	Approximate interval Between Onset and Death
	6 h	C	sona	sar	~	two	LM	1	20	cas	-	h
Sequentially list condition if eny, leeding to immedia cause. Enter UNDERLYING CAUSE (Disease or injury	oto G		OR AS A CONS)				
that initiated events reaulting in deeth) LAST	d.	DUE TO	OR AS A CONS	EQUENCE C	OF):							
PART II. Other algorificant	conditions	contributing to	death but not	resulting	in the under	lying cause giv	ven in P		WAS AN PERFOR	3.7	24	WERE AUTOPSY FINDINGS AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
								- 1			1	1 YES 2 NO
25. WAS CASE REFERRED TO I	MEDICAL					8. PLACE OF DEA	ATH (Ches	ok only one)				
EXAMINER?		HOSPITAL:	☐ ER/Outpatient	3 🗆 DOA	OTHER:	Nome 5 Resi			icify)			
27. MANNER OF DEATN 1 Netural 5 Pe 2 Accident	nding restigation	28e. DATE O (Month,	F INJURY Day, Year)	28b. Til	JURY	: INJURY AT WORK?		28d. DESCRIB	E NOW I	NJURY OC	CCURED	
3 Sulcide 6 Co	ould not be termined		OF INJURY — At I, etc. (Specify)	home, term,	, street, factory,	office		28f. LOCATION City or Tox	(Street a	and Numbe	er or Rurai	Route Number,
(Ornion Orny		IAN: To the bast of										a) and menner as stated.
29b. SIGNATURE AND TITLE O	E CERTIFIER	-0-		7		29c. LICEN	-	546		29d. DA		20 (Month, Day, Year)
30. NAME AND ADDRESS OF F								7- 1				-
John F. Ta	uber,	M.D.,	3218 Wis	scons	in Ave	., Beth	esda	, MD	20	814		

TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FINEFAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, is be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. DIVISION OF VITAL RECORDS, P.O. BOX 68760,

BALTIMORE, MARYLAND 21215-0020

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once. 12

31. DATE FILED (Month, Day, Year) JUN 21

TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION

1 - STATE REGISTRAR	STATE OF MARY	YLAND / DEPARTI CERTIFIC				YGIENE EG. NO.				
1. DECEDENT'S NAME (First, Middle, Last, Ellen Me	elvina	E11i	.S		2. DATE OF C	DAY	VEAR 1991	3. TIME OF DEATH 9:05 A.		
4. SOCIAL SECURITY NUMBER 577-03-6929 9a. FACILITY NAME (If not institution, give	1 M 2 X F 8	30 YRS.	F UNDER 1 YEAR ONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.	7. DATE OF B (Month, Day 3-26-	1911	Vi	rginia		
Physicians Memori	Physicians Memorial Hospital				v, town or location of death LaPlata			% COUNTY OF DEATH Maryland		
10a. STATE 10b. COUN	rles		rown or Locat	ON				10d. INSIDE CITY LIMITS? 1 TYES 2 K NO		
100. STREET AND NUMBER 3030 A October P	lace		10f	20602		10g. (WHAT COUNTRY?		
11. MARITAL STATUS 1 Never Merried 2 Merried 3 Widowed 4 Divorced	12. WAS DECEDENT EVE FDRCES? 1 1 Y IF YES, GIVE WAR OF	13. WAS DECENDENT OF HISPANIC ORIGIN? (Specify ff yee, specify Cuban, Mexican, Puerto Rican, etc., 1 YES 2 N NO Specify:				Yes or No- 14. RACE - American Ind				
15. DECEDENT'S ED (Specify only highest grad Elamentary/Secondary (0-12) 10th Grade		16a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Homemaker			166. KIND OF BUSINESS/INDUSTF					
17. FATHER'S NAME (First, Middle, Last)	lan Sn		16. MOTHER'S NA		e, Maiden Surnam					
16a. DECEDENT'S USUAL OCCUPATION (Specify only highest prode completed) 16a. DECEDENT'S USUAL OCCUPATION (Specify only highest prode completed) 16b. KIND OF BUSINESS/ (Silve kind of work done during most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Specify only highest prode completed) 16b. KIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (Specify only highest prode completed) 16b. KIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.) 16c. DECEDENT'S USUAL OCCUPATION (She kind of work done during most of working life. Do NOT use retired.) 16c. KIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve kind of working most of working life. Do NOT use retired.) 16c. VIND OF BUSINESS/ (Silve ki										
20e, METHOD OF DISPOSITION 1 X Burlel 2 Cremetion 3 X Re 4 Donation 8 Other (Specify)	moval from State	20b. PLACE OF DISPOSIT other place) Mt. Comfor	TON (Name of cer t Cemet	netery, cremetory or		20c. LOCATION Alexand	- city or ria,			
23. PART i. Enter the diseases, D	a. DUE TO (OR A	sed the deeth. Do no	Ces //	de of dying, suc				20604-0156 Approximete Interval Betwee Onset and Dear		
CAUSE (Disease or Injury that initiated events resulting in death) LAST PART II. Other significent conditions and the conditions are significent conditions.	d	AS A CONSEQUENCE OF):		g cause given in		n. WAS AN AUTOP PERFORMED? ☐ YES 2 X NO		4b. WERE AUTOPSY FINDING AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO		
25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 YES 2 X NO 27. MANNER OF DEATH	HOSPITAL: 1 X Inpetient 2 ERA 26e, DATE OF INJU	Outpatient 3 DOA	OTHER:	ACE OF OEATH (Ch	8 Other (S	oecily) IBE HOW INJURY	OCCUPED.			
1 Metural 5 Pending 2 Accident Investigation 3 Suicide 8 Could not b 4 Homicide determined	(Month, Day, Ye 28e. PLACE OF INJ building, etc.	IURY — At home, farm, st	M 1 🗆	PRK?	28I. LOCATIO	ON (Street and Nur own, State)		al Route Number,		
CONSULT OFNY	YSICIAN: To the best of my k							oe(a) and manner as stated.		
29b. SIGNATURE AND STITLE OF CERTIF	Jenly	E DEATH OTEN CO. G.	Defect)	29c. LICENSE NUI D- 210		29d.	L/2	ED (Month, Day, Year)		
MICHAEL ANDREW 31. DATE FILED (Month, Day, Year)	LEATHERWOOD 32. REGISTRAR'S	MD P		249 WAL	DORF	MD. 206	04			

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TO THE MOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hospital or attending physician.

TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-transit permit. Pages 1, 2, 3 he filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If item 28 is marked, or item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

'91

STATE	OF MARYL	AND / DI	EPARTMENT	0F	HEALTH	AND	MENTAL	HYGI	ENE
		CER	TIFICATE	OI	F DEAT	H		REG.	NO.

1 - STATE REGISTRAR	STATE OF MARYI		MENT OF HE		WENTAL HYGIEN REG. NO		1 18496
1. DECEDENT'S NAME (First, Middle, La	G-ELLT OLLY	NEXXXE PR	AG ELL	E IOTT IF UNDER 24 HRS.	2. DATE OF BERTH	29 91	3. TIME OF DEATH O
213-22-8748	1 M 2 X F	38 YRS. W	ONTHS DAYS	HOURS MIN.	(Month, Day, Year) 07/14/1	902	MARYLAND
9a. FACILITY NAME (If not institution, given by the property of the property o			96. CITY, TOWN OR LOCATION OF DEATH CAMBRIDGE			9c. CDUNTY OF DEATH DORCHESTER	
10a, STATE 10b. COU	RCHESTER		TOWN OR LOCATION				10d. INSIDE CITY LIMITS? 1 X YES 2 ND
106. STREET AND NUMBER 919 RACE STRE	ET		101. 2	21613			J.S.A.
11. MARITAL STATUS 1 Never Married 2 Married 3 Wildowed 4 Divorced	12. WAS DECEDENT EVER FDRCES? 1 YES	2 XNO	If yes, spec		IIC ORIGIN? (Specify Yen, Puerto Rican, atc.)		RACE — American Indian, Black, Whita, etc. Specify:
15. DECEDENT'S E (Specify only highest gr Elementary/Secondary (0-12)		16a. DECEDENT'S US (Give kind of wo life. Do NOT use	rk done during most		16b. KIND OF BU	SINESS/INDUST	TRY
12th 17, FATHER'S NAME (First, Middle, Last)		HOUSEV		18 MOTHER'S NA	ME (First, Middle, Melder	OMEMA	KER
J. BEN	PRAG, SR.		Julia II	ANNA		UBBAR	D
MR PAUL P EI 20s. METHOD OF DISPOSITION 3 S REIDER	20	Db. PLACE DF DISPOSIT				CATION — City	or Town, Stata
1 Burial 2 Cremetion 3 R 4 Donation 6 X Other (Specify)	The same of the sa	EAST NEW	MARKET	CEMET	ERY EAS	T NEW	MARKET, MI
21. SIGNATURE OF FUNERAL SERVICE	Gerald-Ray	revero	CURRA	ADDRESS OF FA N FUNE	RAL HOME	MBRID	21613 GE, MD.
23 Anti Enter the disease shock, or heert taild immediate Cause (Final disease or condition resulting in deeth)	Rena	eech line.	reun	e of dying, suc	h as cerdiac or resp	Piratory arrest	, Approximate Interval Betwee Onset and Dea
Sequentially list conditions, if sny, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	c	A CONSEQUENCE OF):	•				
PART II. Other significant condi		but not resulting in	the underlying	cause given in	PERFO	RMED?	24b. WERE AUTOPSY FINOING AMAILABLE PRIOR TO COMPLETION OF CAUSE
					1 _ YES .		OF DEATH?
25. WAS CASE REFERRED TO MEDICA			26. PL/	CE OF GEATN (C)	eck only one)		l
EXAMINER? 1 YES 2 NO	HOSPITAL: 1 Inpatient 2 ER/Ou		OTHER: United Home	8 🗆 Residence	6 Other (Specify)		
27. MANNER OF DEATN 1 Natural 5 Pending	28a. DATE OF INJURY (Month, Day, Year)	28b. TIME	RY WOF		28d. DESCRIBE NOW	INJURY OCCUP	RED
2 Accident Investigati 3 Suicide S Could not 4 Homicide determine	be 28e. PLACE OF INJUI	RY — At home, farm, streetly)	rent, factory, office		261. LOCATION (Street City or Town, State		Rural Route Number,
Correct Oray	IYSICIAN: To the best of my know						euse(s) and manner se stated.
29b, SIGNATURE AND TITLE DF CERT	00 10, 1	In		29c. LICENSE NU		29d. DATE S	IGNED (Morith, Day, Year)
30. NAME AND ADDRESS OF PERSON	WNO COMPLETEO CAUSE OF E	DEATH (ITEM 27) (Type,	Hunon	Afr	Comb	the	HOP 21/1

TO BE COMPL	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION	3
examiner must be notified at once.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.	
ne funeral director, page 5 should be detached feal. al.	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached to be filed within 72 hours after death with the State Dept. of Health and Mental Hyglene prior to burlal, cremation, or removal.	
r death. Page 6 may be retained by the hospital	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fours after death. Page 6 may be retained by the hospital	

REGISTRAR			C	ERTIFIC	CALE	OF DEAT	Н	REG. NO.			
1. DECEDENT'S NAME (First,	Middle, Last)						2	DATE OF OEATN DATE	NY.	YEAR	3. TIME OF DEATN
		Elliott .						June 23.	1991		3:00p M
4. SOCIAL SECURITY NUME	ER		AGE (In yrs. les		IF UNDER 1 YE		HRS. 7	Month, Day, Year)		Country	
211-44-	1050	1 M 2 🔭 F	44	YAS.				Nov. 15,			ryland
9a. FACILITY NAME (If not in		A line and the latest and		12		WN OR LOCATION		'N	9c. COUN	ITY OF DE	EATN
Deer's He		nter			Sa	lisbury			Wi	comi	CO
RESIDENCE OF DEC	10b. COUNT	γ		10c. CITY.	TOWN OR L	OCATION					10d. INSIDE CITY
Maryland	Wico	mico		Deln							LIMITS?
10e. STREET AND NUMBER	MICC	/11100		1001		10f. ZIP CODE			100 CITIZ	ZEN OF W	HAT COUNTRY?
607 E. Che	snut	Street				21875	5		100	.S.A	
11, MARITAL STATUS		12. WAS DECEDENT E						ORIGIN? (Specify Yes	or No—	14. RACE Black	— American Indian, , White, etc.
1 □ Never Married 2 □ Married 1 □ Never Married 2 □ Married 1 □ YES 2 ◯ NO If yes, specify Cuban, Maxican, Puarto Rican, etc.) 1 □ YES 2 ◯ NO Specify: White, etc. Specify: White							ly:				
	EOENT'S EDU y highest grade		16a, Of	CEDENT'S U	SUAL OCCUI	PATION og most of working		16b. KIND OF BU	SINESS/IND		
Elementary/Secondary (0	1-12)	College (1-4 or 5+)		usew:				Own	Home	e	
17. FATHER'S NAME (First, M	liddle, Last)					16. MOTNE	R'S NAME	(First, Middle, Maiden	Surname)		
John Mills						Jane	e An	ne Howe			
19a. INFORMANT'S NAME (lype/Print)		19	b. MAILING A	DDRESS (St	reet and Number o	or Rural Rou	ute Number, City or Tow	n, State, Zip	Code)	
John Clayt	on Mo	Intyre	6	07 E	. Che	snut S	St.	Delmar,	MD i	2187	75
20a. METNOD OF DISPOSIT	ION				TION (Name o	of cemetery, crema	tory or	20c. LO	CATION —	City or To	wn, Stata
1 Burial 2 Grematic		oval from State	Pars	ons (Cemet	cery		Sa	lisb	ury.	, MD
21. SIGNATURE OF FUNERA	L SERVICE LI	CENSEE	0		_	ME ANO ADDRESS	S OF FACIL	JTY			
Qual	1 (Forum	28		Воц	unds F	.н.	705 E	Main	St	Salis,MD
ehock, or h IMMEDIATE CAUSE (Fit disease or condition resulting in death)											
Sequentially list condit if any, leading to imme cause. Enter UNDERLY CAUSE (Disease or inju- that initiated eventa resulting in death) LAS	diate ING ary	C	R AS A CONSE								
PART II. Other algolifica	ant condition	na contributing to de	eath but not	resulting in	tha under	rlying cause gi	ven in Pa			24b.	WERE AUTOPSY FINDINGS
								PERFO			AMAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 YES 2 NO
25. WAS CASE REFERRED 1 EXAMINER?	O MEDICAL					26. PLACE OF DE	ATH (Check	k only one)			
1 TYES 2 NO		HOSPITAL:	R/Outpatient		OTHER: 4 Nursing	Home 5 🗆 Ree	idence 6	Other (Specify)			
27. MANNER OF DEATN 1)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(Pending	28a. DATE OF IN (Month, Day,		28b. TIME INJU	IRY	c. INJURY AT WORK?		26d. DESCRIBE NOW	INJURY OC	CURED	
2 Accident 3 Suicide 6 4 Nomicide	Investigation Could not be determined	26e. PLACE OF building, at	NJURY — At h	ome, farm, st	reet, factory,			28f. LOCATION (Street City or Town, State		or Rural F	loute Number,
29a, CERTIFIER	-1.14		10/2010		DES 18						
(Check only		ER: On the best of m									s) and manner as stated.
29b. SIGNATURE AND TITLE	E OF CERMITIE	RY				29c. LICE	NSE NUMB	ER	29d. DAT	E SIGNEO	(Month, Pay, Year)
CN	My	(an		W V)		Md	1672	5		6	83191
Dr. Consta		n P n R				MD.	2400	0			
31. DATE FILED (Month, Day,	rear)	32. REGISTRAR	SSIGNATURE		TZDUC	V IVIII	Z 180				
JUN 24'9		Tulia David	son-yan	O COLOR							

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Diffe	Pho Pho	9
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death cer	e attending lental Hvoi	ury, or of
t the death cert	by the attending	injury, or of
s that the death cer	ned by the attending ith and Mental Hvdi	any injury, or of
quires that the death cert	signed by the attending Health and Mental Hydri	ows any injury, or of
w requires that the death cer-	been signed by the attending of of Health and Mental Hydri-	shows any injury, or of
he law requires that the death cer-	has been signed by the attending Dept. of Health and Mental Hydri	n 23 shows any injury, or of
V: The law requires that the death cer-	icate has been signed by the attending State Dept. of Health and Mental Hydri	Item 23 shows any injury, or of
ICIAN: The law requires that the death cert	certificate has been signed by the attending the State Dect. of Health and Mental Hydi-	, or Item 23 shows any injury, or of
PHYSICIAN: The law requires that the death cen	this certificate has been signed by the attending with the State Dept. of Health and Mental Hydia	ted, or Item 23 shows any injury, or of
ING PHYSICIAN: The law requires that the death cert	after this certificate has been signed by the attending	marked, or Item 23 shows any injury, or of
ENDING PHYSICIAN: The law requires that the death cen	DR: After this certificate has been signed by the attending her death with the State Dept. of Health and Mental Hydi.	s is marked, or Item 23 shows any injury, or of
ATTENDING PHYSICIAN: The law requires that the death cer-	ECTOR: After this certificate has been signed by the attending as after death with the State Deor, of Health and Mental Hyding	n 28 is marked, or Item 23 shows any injury, or of
L DR ATTENDING PHYSICIAN: The law requires that the death cert	DIRECTOR: After this certificate has been signed by the attending bours after death with the State Deat, of Health and Mental Hydis	item 28 is marked, or item 23 shows any injury, or of
PITAL DR ATTENDING PHYSICIAN: The law requires that the death cer	ERAL DIRECTOR: After this certificate has been signed by the attending in 72 hours after death with the State Dest, of Health and Merital Hydric	T. If item 28 is marked, or Item 23 shows any injury, or of
HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death cen	FUNERAL DIRECTOR: After this certificate has been signed by the attending	TANT, If item 28 is marked, or item 23 shows any injury, or of
TO THE HOSPITAL DR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 6 may be retained by the hos	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detach has end within 75 hours after death with the State Dest of Health and Mental Hydiete prior to burial, cremation, or removal.	IMPORTANT, If Item 28 is marked, or Item 23 shows any injury, or other traumatic event, the medical examiner must be notified at once.

BY PHYSICIAN: MEDICAL CERTIFICATION

TO BE COMPLETED

Sequentially list conditions, if any, leading to immediata cause. Enter UNDERLYING CAUSE (Disease or injury that initiated evente resulting in death) LAST

1. DECEDENT'S NAME (First, Middle, Last) CHRISTINE L		LENEA	LENEA E		EISLE	2	2. DATE OF DEATH DO	1991	3. TIME OF DEATH 8:20 AM	
4. SOCIAL SECURITY NU 212-86-8		5. SEX 1 M 2 \$\overline{A}\$.F	6. AGE (In yrs. 19		F UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.	(Month, Day, Year)		BIRTHPLACE (State or Foreign Country) Washington.DC	
9a. FACILITY NAME (If not institution, give street and number) MARYLAND ROUTE #301					9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH			OF DEATH		
RESIDENCE OF DI 100. STATE MD	10b. COUN Ann		el		TOWN OR LOCA				10d. INSIDE CITY LIMITS? 1 YES 2 NO	
10e. STREET AND NUMBER 205 Bear Creek Parkway					10	101. ZIP CODE 109. CITIZEN OF WHAT COUNTRY? USA				
11. MARITAL STATUS 1 A Never Married 2 3 Widowed 4 D	12. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 YES 2 NO IF YES. GIVE WAR OR DATES				If yes, specify Cuban, Mexican, Puerto Rican, etc.) Black, White,			RACE — American Indian, Black, White, etc. Specify: White		
(Specify only highest grade completed)			e. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do NOT use retired.) Student			Schooling				
(Specify i	only highest grad						Scho	ooling		
(Specify i	only highest grad (0-12)						Scho			
Elementary/Secondary 12 17. FATHER'S NAME (First, Kenneth E	Middle, Last)	College (1-4 or 5		studen	t	16. MOTHER'S NA	ME (First, Middle, Meiden	Surname)		
(Specify of Elementary/Secondary	only highest grad (0-12) Middle, Last) isler (Type/Print)	College (1-4 or 5		Studen	DDRESS (Street	16. MOTHER'S NA	ME (First, Middle, Meiden Mullov Route Number, City or Tow	Surname)	° 21037	
(Specify of Elementary/Secondary 12 17. FATHER'S NAME (First, Kenneth E. 19a. INFORMANT'S NAME	miny highest gree (0-12) Middle, Lest) isler (Type/Print) isler SITION Itlon 3 - Re	College (1-4 or 5	20b. PLA	tuden 196. MAILING A 205 B	DDRESS (Street ear C1 DF DISPOSITION r other place)	Mari end Number or Rural ceek Pa	ME (First, Middle, Meiden e Mulloy Route Number, City or Tow rkway E(DATE 206. LC	Surname) m. State, Zip Code DEEWAL CATION — City of	" 21037 er. MD	

DUE TO (OR AS A CONSEQUENCE OF): DUE TO (OR AS A CONSEQUENCE OF): 24b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? PART II. Other aignificent conditione contributing to death but not reaulting in the underlying ceuse given in Pert i. 24a. WAS AN AUTOPSY PERFORMED?

			TYES 2 NO	OMPLETION OF CAUSE OF DEATH? 1 See 2 No
25. WAS CASE REFERRED TO MEDICAL		26. PLACE OF DEATH (C	heck only one)	
EXAMINER?	HOSPITAL: 1 Inpatient 2 ER/Outpetient 3 DOA	OTHER: 4 Nursing Home 5 Residence	8 Other (Specify), MARYL	AND RT #301
27. MANNER OF DEATH	28a. DATE OF INJURY 28b. T (Month, Day, Year)	IME OF 28c. INJURY AT WORK?	28d. DESCRIBE HOW INJURY OCCU	RED
1 Natural 5 Pending 2 Accident Investigation	06-14-1991 7:0	08 % 1 TES 3 NO	PASSENGER IN	AUTO/TRUCK I
3 Suicide 8 Could not be 4 Homicide determined	28e. PLACE OF INJURY — At home, farm building, etc. (Specify)		281. LOCATION (Street and Number of MARYLLAND ROU	TE #301

29a. CERTIFIER 1 CERTIFYING PHYSICIAN: To the best of my knowledge,

2 MEDICAL EXAMINER: On the

29c. LICENSE NUMBER 29d, DATE SIGNED (Month, Day, Year) ▶ 06-14-1991 OCME

HO COMPLETED CAUSE OF DEATH (ITEM 27) (Type, Print)

111 N. PENN STREET BALTIMORE, MARYLAND

MPA

TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2- rours after death. Page 6 may be retained by the hospit	TO THE FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 5 should be detached	be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.	IMPORTANT: If Item 28 is marked, or Item 23 shows any Injury, or other traumatic event, the medical examiner must be notified at once.
TENDING PHYSICIAN: The law requ	TOR: After this certificate has been	ifter death with the State Dept. of I	18 is marked, or item 23 sho
TO THE HOSPITAL OR AT	TO THE FUNERAL DIRECT	be filed within 72 hours a	IMPORTANT: If item 2

STATE OF	MARYLAND	DEPARTMENT	0F	HEALTH	AND	MENTAL	HYGIENE
	C	ERTIFICATE	OI	F DEAT	ГН		REG. NO.

	1 - STATE OF MARYLA	AND / DEPARTMENT OF CERTIFICATE OF		NTAL HYGIENE REG. NO.					
	1. DECEDENT'S HAME (First, Middle, Last)		2.	DATE OF DEATH	3. TIME OF DEATH				
	Anna V. Fox		-		1991 1900 M				
		in yrs. lest birthday) IF UNDER t YEAR YRS. MONTHS DAYS		DATE OF BIRTH (Month, Day, Year)	BIRTHPLACE (State or Foreign Country)				
	462-24 - 0870 1□M ² ♥ 68	21 Texas							
~	9a. FACILITY HAME (If not institution, give street and number) 9b. CITY, TOWN OR LOCATION OF DEATH 9c. COUNTY OF DEATH								
DIRECTOR	Shady Grove Adventist Hosp RESIDENCE OF DECEDENT	ra Gaithe	rsburg		Montgomery				
E	10e. STATE 10b. COUNTY	10c. CITY, TOWN OR LOC	ATION		10d. HISIDE CITY				
	Maryland Montgomery	Gaithersbu	ire		1 YES 2 HO				
3AL	10e. STREET AHD HUMBER	1	Of. ZIP CODE	10g.	CITIZEN OF WHAT COUNTRY?				
FUNERAL	15 Redkiln Court		20878		.S.				
	11. MARITAL STATUS 1 Never Merried 2 Merried 12. WAS DECEDENT EVER IM FORCES? 1 YES	2 NHO If yes,	specify Cuban, Mexican, Pr	ORIGIH? (Specify Yee or Ho- uerto Rican, etc.)	Black, White, etc.				
BY	3 Wildowed 4 Divorced IF YES, GIVE WAR OR DA	ATES 1 Y	S 2 XNO Specify:		Specify: White				
ED	15. DECEDENT'S EDUCATION (Specify only highest grade completed)	16a. DECEDENT'S USUAL OCCUPA' (Give kind of work done during i		16b. KIND OF BUSINESS					
E	Elementary/Secondary (0-12) College (1-4 or 5+)	Iffe. Do NOT use retired.)							
COMPLETED	12	Housewife		Own Hom					
	17. FATHER'S HAME (First, Middle, Lest)			First, Middle, Meiden Surnan	ne)				
BE	William Woodley Holstein 190. IHFORMANT'S HAME (Type/Print)	19b. MAILING ADDRESS (Stree	Nancy Lee		e Zio Code)				
2	Harold J. Fox Sr.	15 Redkiln (
	20a. METHOD OF DISPOSITIOH 20b	PLACE OF DISPOSITION (Name of other place)			H — City or Town, State				
	1 & Burlel 2 Cremetion 3 Removat from State 4 Donetion 5 Other (Specify)	lington Nationa	1 Cemetery	Arling	ton Virginia				
1	21. SIGNATURE OF EUROPRAL SERVICE LICENSEE	22. HAME	AND ADDRESS OF FACILI	TY De Vol Fu	neral Home-20877				
	· Jennt. De Voy	10 H	East Deer Pa	ark Dr., Ga	ithersburg MD				
	23. PART It Emar the diseases, or complications that caused hook, or heart fallure. List only one cause on a	the death. Do not enter the n	node of dyling, such as	s cardiac or respiratory	y srrest, Approximata Interval Between				
	IMMEDIATE CAUSE /Final	2	-		Onset and Death				
	disease or condition a. a.	hac Hon	est						
	- Post to for As A	CONSEQUENCE OF):	115/7	- 0 -	112				
ō.	Sequentially list conditions, if any, leading to immediate	COHSEQUENCE OF):	- Clary	Typic					
CAT	cause. Enter UNDERLYING CAUSE (Disease or Injury								
F	that initiated events resulting in death) LAST	CONSEQUENCE OF):							
CERTIFICATION	d.								
AL C	PART II. Other significant conditions contributing to death b		ing cause given in Par	rt i. 24a. WAS AN AUTOI PERFORMED?					
	Congestive Hant	Failur	v	1 TYES 2 AN	COMPLETION OF CAUSE				
ME				_	1 TES 2 NO				
PHYSICIAN: MEDIC									
Si Ci	25. WAS CASE REFERRED TO MEDICAL EXAMINER? 1 VES 2 NO HOSPITAL: Inputlent 2 ERVOUS	OTHER:	PLACE OF DEATH (Check						
HYS	27. MANNEB-OF DEATH 280. DATE OF INJURY	26b, TIME OF 28c,	ome 5 Residence 6 NJURY AT 26	J Other (Specify) Id. DE\$CRIBE HOW INJURY	Y OCCURED				
ВУ Р	1 Hetural 5 Pending (Month, Day, Year) 2 Accident Investigation		WORK? YES 2 NO						
	3 Suicide 6 Could not be 28e. PLACE OF INJURY building, etc. (Spec	— At home, farm, street, factory, of	fice 26	H. LOCATIOH (Street and Nu City or Town, State)	umber or Rural Route Number,				
ETE	4 Homicide determined								
COMPLETED	29e. CERTIFIER (Check only 1 CERTIFYING PHYSICIAH: To the best of my know	riedge, death occurred at the time, d	ate and place, end due to	the cause(s) and manner as	e stated.				
S	one) 2 MEDICAL EXAMIHER: On the basis of examination	n and/or investigation, in my opinior	, death occured at the tim	e, date and place, and due	to the cause(a) and manner as stated.				
BE	250. SIGNASHIRE AND TITLE OF CERTIFIER	1 4100	29c. LICENSE HUMBE	R 29d.	, DATE SIGNED (Month, Day, Year)				
6	30. HAME AND ADDRESS OF PERSON WHO COMPLETED CAUSE OF DE	ATH OTEN OF CO.	1-73	00	0/20/4/				
	1525 Shall Can All All Control of Person who Completed Cause of De	e (III (III and (I)) (I))	Rose Bon	Ole M	1 20850				
	31. DATE FILED (Month, Day, Year) 32. REGISTRAR'S SIGN	IATURE .	4		U0000				
	JUN 24 1991 Julie Devid	on Booker							

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DHMH-16 Rev 1/89

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IMORE, MARYLAND 21215-0020	Page 6 may be retained by the hospital or attending physician.	director, page 5 should be detached for use as the burial-transit permit. Page 1, 200	er must be notified at once
Σ	Page	dire	200

TO BE COMPLETED BY FUN	TO BE COMPLETED BY PHYSICIAN: MEDICAL CERTIFICATION		
for death. Page 6 may be retained by the hospital or attending physician the funeral director, page 5 should be detached for use as the burial-tra loval. al examiner must be netified at once.	TO THE HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 fecurs after death. Page 6 may be retained by the hospital or attending physician and completely filled in by the funeral director, page 5 should be detached for use as the burial-tra be filed within 72 hours after death with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If hem 28 is marked, or item 23 shows any injury, or either traumatic event, the medical examiner must be notified at once.	+1	
BALTIMORE, MARYLAND 21215-0020	DIVISION OF VITAL RECORDS, P.O. BOX 68760,	12	1

. DECEDENT'S NAME (First, Middle, Last)	JACK HARV	EY FERG	USON						N 20	1991	YEAR	3. TIME OF DEATH 10:45
493-48-6816	5. SEX 1 X M 2 - F	6. AGE (In yrs. 4	ast birthday) YRS.	IF UNDER	DAYS	IF UNDER 24	HRS. MIN.	(Month	PR 16	1946	Coun	HPLACE (State or Foreign try) IISSOURI
NATIONAL NAVAL		ENTER		9b. CITY		HESDA					INTY OF I	
Oa. STATE 10b. COUNT	Υ		10c. CIT	TY, TOWN C								10d. INSIDE CITY LIMITS?
CONNECTICUT	NEW LOND	ON			-	ASVIL		-	-	1117		1 XXYES 2 NO
14 AVERY ROAI 1. MARITAL STATUS □ Never Merried 2 □ Merried □ Widowed 4 □ Divorced	12, WAS DECEDEN FORCES? 1 IF YES, GIVE V	XYES 2]NO		If yes, spe	063 ENDENT OF selfy Cuban, 2 NO	HISPAN Mexica	n, Puerto F	? (Specify Ye licen, etc.)		14. RAC Blac	STATES E - American indian, ck, White, atc. chy: WHITE
15. DECEDENT'S EDI (Specify only highest grad Elementary/Secondary (0-12) 12. 7. FATHER'S NAME (First, Middle, Last)		+)	Give kind of the Do NOT u	work done use retired.)	during mo	at of working	R'S NA		DE]	FENSE		
DONALD 9a. INFORMANT'S NAME (Type/Print)	NEWTON		ERGUS		S (Street =	J	EAN	LOU	ISE C	LAUNC		
CHARLES SMALL			24	CURT	IS S	TREET		YSTI	c, co	NNECI	CU.	
20a. METHOD OF DISPOSITION XX Surial 2 ☐ Cremetion 3 ☐ Rei I ☐ Donation 5 ☐ Other (Specify)	moval from Stata		GROVE			Y			1 STO	NING	ron,	CONNECTIC
		_										
21. PART I. SINE the diseases, or shock of heart failure disease or condition resulting in death)	complications the	ese on each line	death. Do	not enter	r the mo							Approximate Interval Between
23. PART I. Sinht the diseases, or arrock of heart failure IMMEDIATE CAUSE (Final disease or condition	complications the List only one can b	at caused the cuse on each lin	daath. Dona.	ANCER OF):	r the mo							Approximate Interval Between
21. PART I. Sinter the diseases, or shock or heart feilure immediate cause or condition resulting in death) Sequentially list conditions, if any, lasding to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events	complications the List only one can s. R DUE TO b. DUE TO d.	at caused that use on each life ENAL CE (OR AS A CONS	death, Do ne. CLL CA SEQUENCE C	ANCER OF):	r the mo	de of dyln	g, suc	h as card	llac or reaf	N AUTOPS)	rrest,	Approximate Interval Betwo Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De Onset and De
23. PART I. Siner the diseases, or shock or heart feiture immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST	complications the List only one can s. R DUE TO b. DUE TO d.	at caused that use on each life ENAL CE (OR AS A CONS	death, Do ne. CLL CA SEQUENCE C	ANCER OF): OF):	nderlying	de of dyln	g, suc	Part I.	24a. WAS A PERFO	N AUTOPS)	rrest,	Interval Betwee Onset and De On
21. PART I. Sinh the diseases, or heart of heart failure	complications that List only one can be determined by the contributing to the contribution of the contribu	at caused the duse on each life ENAL CE (OR AS A CONS O (OR AS A CONS O (OR AS A CONS O death but no	death. Do na. CLL CA SEQUENCE C SEQUENCE C SEQUENCE C SEQUENCE C 3 □ DOA 286. TI	ANCER OF): OF): OTHE 4 Nu	nderlying 26. Pi R: rising Hon 28. IN.	g cause gl	g, suc	Part I.	24a, WAS A PERFC 1 CXYES	N AUTOPS'S PMED?	rrest,	Approximate Interval Between Onset and De On
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